



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

**270/271 Standard Companion Guide
Transaction Information**

**Instructions related to Transactions
based on ASC X12 Implementation
Guides, version 005010**

**Companion Guide Version Number: 0.3
May 2011**

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
005010X281	Eligibility, Coverage, or Benefit Inquiry (270)
005010X282	Eligibility, Coverage, or Benefit Information (271)

3. Instruction Tables

3.1 270 Eligibility, Coverage, or Benefit Inquiry

LOOP ID	Reference	Name	Codes	Notes/Comments
				<ul style="list-style-type: none"> If the file success rate falls below 75% during the search process, then all ST/SE transaction sets will contain an error "41" in the 2100B/AAA03 on the 271 response file. The following provider types are excluded from submitting Inquiries: <ul style="list-style-type: none"> DJ - Dept of Juvenile corrections DN - DOC Non-pay provider F1 - Fiscal Intermediaries H2 - One Time only out of state 45 - county Phase in 73 - Out-of-state ENC or 1 time FFS Prov 91 - QMB only Recipient Due to linked records – it is possible to have multiple overlapping enrollments for the same time period (Primary record and Secondary record).
2100A	NM1	INFORMATION SOURCE NAME		
2100A	NM101	Entity Identifier Code	PR	
2100A	NM102	Entity Type Qualifier	2	
2100A	NM103	Name Last or Organization Name	AHCCCS	
2100A	NM108	Identification Code Qualifier	FI	
2100A	NM109	Identification Code	866004791	
2100B	NM1	INFORMATION RECEIVER NAME		This could either be an AHCCCS Registered Provider OR a Clearinghouse. Whoever will physically receive the data.

LOOP ID	Reference	Name	Codes	Notes/Comments
2100B	REF	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		SEGMENT NOT USED BY AHCCCS
2100B	N3	INFORMATION RECEIVER ADDRESS		SEGMENT NOT USED BY AHCCCS
2100B	N4	INFORMATION RECEIVER CITY/STATE/ ZIP CODE		SEGMENT NOT USED BY AHCCCS
2100B	PRV	INFORMATION RECEIVER PROVIDER INFORMATION		Not required by AHCCCS. If value sent in PRV01 it will be returned on 271.
2000C	TRN	SUBSCRIBER TRACE NUMBER		This segment is not sent when performing a newborn request using the 2000D Dependent loop.
2100C	NM1	SUBSCRIBER NAME	Name	See 4.2.1 270 Search Criteria
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	SSN	See 4.2.1 270 Search Criteria
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	Medicare Claim ID	See 4.2.1 270 Search Criteria
2100C	N3	SUBSCRIBER ADDRESS		SEGMENT NOT USED BY AHCCCS
2100C	N4	SUBSCRIBER CITY/STATE/ZIP CODE		SEGMENT NOT USED BY AHCCCS
2100C	PRV	PROVIDER INFORMATION		THIS SEGMENT IS NOT REQUIRED IF THE PROVIDER ENTERED DATA IN THE 2100B LOOP. THIS SEGMENT USED ONLY IF PROVIDER IS NOT THE SAME AS IN 2100B SEGMENT
2100C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	Date of Birth	See 4.2.1 270 Search Criteria
2100C	INS	MULTIPLE BIRTH SEQUENCE NUMBER		SEGMENT NOT USED BY AHCCCS
2100C	HI	SUBSCRIBER HEALTH CARE DIAGNOSIS CODE		SEGMENT NOT USED BY AHCCCS
2100C	DTP	SUBSCRIBER DATE		
2100C	DTP01	Date Time Qualifier	291	
2110C	EQ	SUBSCIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION		
2110C	EQ01	Service Type Code	30	
2110C	EQ02	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		NOT USED BY AHCCCS
2110C	EQ03	Coverage Level Code		NOT USED BY AHCCCS
2110C	EQ05	COMPOSITE DIAGNOSIS CODE POINTER		NOT USED BY AHCCCS

LOOP ID	Reference	Name	Codes	Notes/Comments
2110C	AMT	SUBSCRIBER SPEND DOWN AMOUNT		SEGMENT NOT USED BY AHCCCS
2110C	AMT	SUBSCRIBER SPEND DOWN TOTAL BILLED AMOUNT		SEGMENT NOT USED BY AHCCCS
2110C	III	SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY INFORMATION		SEGMENT NOT USED BY AHCCCS
2110C	REF	SUBSCRIBER ADDITIONAL INFORMATION		SEGMENT NOT USED BY AHCCCS
2110C	DTP	SUBSCRIBER ELIGIBILITY/ BENEFIT DATE		SEGMENT NOT USED BY AHCCCS
2000D	HL	DEPENDENT LEVEL		When provider is requesting information about a mother's newborn child (DOB must be less than 12 months in past), this segment will be used by the provider to submit gender and DOB of newborn and the 2100C segments will provide the mother's demographic data. If found, the newborn data will be returned on the 271 as the subscriber and mother's data will not be returned. If newborn DOB is more than 12 months in the past, data in 271 will only be provided on mother.
2000D	TRN	DEPENDENT TRACE NUMBER		The 2000C/TRN Subscriber Level is not used when the 2000D/TRN Dependent Level is used for a newborn request.
2100D	REF	DEPENDENT ADDITIONAL IDENTIFICATION		SEGMENT NOT USED BY AHCCCS
2100D	N3	DEPENDENT ADDRESS		SEGMENT NOT USED BY AHCCCS
2100D	N4	DEPENDENT CITY/STATE/ZIP CODE		SEGMENT NOT USED BY AHCCCS
2100D	PRV	PROVIDER INFORMATION		SEGMENT NOT USED BY AHCCCS
2100D	DMG	DEPENDENT DEMOGRAPHIC INFORMATION	Date of Birth	See 4.2.1 270 Search Criteria
2100D	INS	DEPENDENT RELATIONSHIP		SEGMENT NOT USED BY AHCCCS
2100D	HI	DEPENDENT HEALTH CARE DIAGNOSIS CODE		SEGMENT NOT USED BY AHCCCS
2100D	DTP	DEPENDENT DATE		SEGMENT NOT USED BY AHCCCS
2110D	III	DEPENDENT ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY		SEGMENT NOT USED BY AHCCCS

LOOP ID	Reference	Name	Codes	Notes/Comments
2110D	REF	DEPENDENT ADDITIONAL INFORMATION		SEGMENT NOT USED BY AHCCCS
2110D	DTP	DEPENDENT ELIGIBILITY/BENEFIT DATE		SEGMENT NOT USED BY AHCCCS

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3.2 271 Eligibility, Coverage, or Benefit Information

Loop ID	Reference	Description	Codes	Notes/Comments
2000A	AAA	REQUEST VALIDATION		This AAA segment will not apply as the Validator will not allow unauthorized use or invalid participant to even get into the process. Those will be rejected up front.
2100B	REF	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		SEGMENT NOT USED BY AHCCCS
2100B	N3	INFORMATION RECEIVER ADDRESS		SEGMENT NOT USED BY AHCCCS
2100B	N4	INFORMATION RECEIVER CITY/STATE/ZIP CODE		SEGMENT NOT USED BY AHCCCS
2100C	PRV	PROVIDER INFORMATION		SEGMENT NOT USED BY AHCCCS
2100C	HI	SUBSCRIBER HEALTH CARE DIAGNOSIS CODE		SEGMENT NOT USED BY AHCCCS
2100C	MPI	SUBSCRIBER MILITARY PERSONNEL INFORMATION		SEGMENT NOT USED BY AHCCCS
2110C	EB	SUBSCRIBER ELIGIBILITY/ BENEFIT INFORMATION		<p>This segment will be repeated for each of the following benefit groupings:</p> <ul style="list-style-type: none"> • ELIGIBLE (up to 20x) • ENRLL FFS (up to 20x) • ENROLL CAP (up to 20x) • MDC PT D (up to 2x) • MEDICARE HMO (up to 1x) • MEDICARE (1x for each type) • TPL (up to 2x) • COPAY (up to 1x) • SHARE OF COST (up to 20x) • BHS (up to 3x) • CRS (up to 1x) • TSC (up to 1x) • AZEIP (up to 1x)
2110C	EB06	Time Period Qualifier		NOT USED BY AHCCCS
2110C	EB08	Percentage as Decimal		NOT USED BY AHCCCS
2110C	EB09	Quantity Qualifier		NOT USED BY AHCCCS
2110C	EB10	Quantity		NOT USED BY AHCCCS
2110C	EB11	Yes/No Condition or Response Code		NOT USED BY AHCCCS
2110C	EB12	Yes/No Condition or Response Code		NOT USED BY AHCCCS
2110C	EB13	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		NOT USED BY AHCCCS
2110C	EB14	COMPOSITE DIAGNOSIS CODE POINTER		NOT USED BY AHCCCS
2110C	HSD	HEALTH CARE SERVICES DELIVERY		SEGMENT NOT USED BY AHCCCS

Loop ID	Reference	Description	Codes	Notes/Comments
2110C	AAA	SUBSCRIBER REQUEST VALIDATION		SEGMENT NOT USED BY AHCCCS
2110C	MSG	MESSAGE TEXT		SEGMENT NOT USED BY AHCCCS
2115C	III	SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INFORMATION		SEGMENT NOT USED BY AHCCCS
2120C	PRV	SUBSCRIBER BENEFIT RELATED PROVIDER INFORMATION		SEGMENT NOT USED BY AHCCCS
2000D	HL	DEPENDENT LEVEL		DEPENDENT LOOP AND SEGMENTS NOT USED BY AHCCCS

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4. TI Additional Information

4.1 Business Scenarios

4.1.1 270 Transaction Notes

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
ISA		INTERCHANGE CONTROL HEADER			
	ISA01	Authorization Information Qualifier		Expect value "00" (No authorization information present)	
	ISA02	Authorization Information		Expect 10 blank spaces	
	ISA03	Security Information Qualifier		Expect value "00" (No security information present)	
	ISA04	Security Information		Expect 10 blank spaces	
	ISA05	Interchange ID Qualifier		Expect value "ZZ"	
	ISA06	Interchange Sender ID		Expect to be populated by sender ID number known to AHCCCS. This can be an AHCCCS provider, approved entity acting on the provider's behalf or a clearing house.	
	ISA07	Interchange ID Qualifier		Expect value "ZZ"	
	ISA08	Interchange Receiver ID		Expect "AHCCCS866004791"	
	ISA09	Interchange Date		Expect Interchange Date	
	ISA10	Interchange Time		Expect Interchange Time	
	ISA11	Repetition Separator		Expect "^"	
	ISA12	Interchange Control Version Number		Expect "00501"	
	ISA13	Interchange Control Number		Expect assigned unique 9 digit control number	
	ISA14	Acknowledgement Requested		Expect value "0" (No interchange acknowledgement requested)	
	ISA15	Interchange Usage Indicator		Expect value "P" (Production) (unless testing than value of "T")	
	ISA16	Component Element Separator		Expect value " " Pipe	
	GS	FUNCTIONAL GROUP HEADER			
	GS01	Functional Identifier Code		Expect "HS" 270 Request	
	GS02	Application Sender's Code		Expect to be populated by sender ID number known to AHCCCS. This can be an AHCCCS provider, approved entity acting on the provider's behalf or a clearing house.	
	GS03	Application Receiver's Code		Expect value "AHCCCS866004791"	
	GS04	Date		Expect Creation Date	
	GS05	Time		Expect Creation Time (HHMM)	
	GS06	Group Control Number		Expect Group Control Number assigned by sender	
	GS07	Responsible Agency Code		Expect value "X" Accredited Standards Committee X12	
	GS08	Version/Release/ Industry Identifier Code		Expect "005010X279A1"	
HDR	ST	TRANSACTION SET HEADER			
HDR	ST01	Transaction Set Identifier Code		Expect value "270"	
HDR	ST02	Transaction Set Control Number		Expect a numeric value	X

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
HDR	ST03	Implementation Convention Reference		Expect value "005010X279A1"	
HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION			
HDR	BHT01	Hierarchical Structure Code	0022 Information Source, Information Receiver, Subscriber, Dependent	Expect value "0022"	
HDR	BHT02	Transaction Set Purpose Code	13 Request	Expect value "13"	
HDR	BHT03	Reference Identification		Expect a value to be populated if Real Time. This will be passed back on 271. If batch, may or may not be populated.	X
HDR	BHT04	Transaction Set Creation Date		Expect the date on which the transaction is created (CCYYMMDD)	
HDR	BHT05	Time		Expect the time at which the transaction set was generated. (HHMMSS)	
HDR	BHT06	Transaction Type Code		Do not expect a value in this field. If one is placed, ignore	
2000A	HL	INFORMATION SOURCE LEVEL			
2000A	HL01	Hierarchical ID Number		Must begin with the value of 1 for the first HL and increment +1 for each subsequent HL in the transaction	X
2000A	HL02	Hierarchical Parent ID Number		NOT USED	
2000A	HL03	Hierarchical Level Code	20 Information Source	Expect value "20"	X
2000A	HL04	Hierarchical Child Code	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	Expect '1'	X
2100A	NM1	INFORMATION SOURCE NAME			
2100A	NM101	Entity Identifier Code	PR Payer	Must be 'PR'	X
2100A	NM102	Entity Type Qualifier	2 Non-Person Entity	Must be '2'	X
2100A	NM103	Name Last or Organization Name		Must be "AHCCCS"	X
2100A	NM104	Name First		Not to be used	
2100A	NM105	Name Middle		Not to be used	
2100A	NM106	Name Prefix		NOT USED	
2100A	NM107	Name Suffix		Not to be used	
2100A	NM108	Identification Code Qualifier	FI Federal Taxpayer's Identification Number	Must be "FI"	X
2100A	NM109	Identification Code		Must be "866004791"	X
2100A	NM110	Entity Relationship Code		NOT USED	
2100A	NM111	Entity Identifier Code		NOT USED	
2100A	NM112	Name Last or Organization Name		NOT USED	
2000B	HL	INFORMATION RECEIVER LEVEL			
2000B	HL01	Hierarchical ID Number		Incremented number from previous HL segment	
2000B	HL02	Hierarchical Parent ID Number		To be populated by sender	
2000B	HL03	Hierarchical Level Code	21 Information Receiver	Expect value "21"	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2000B	HL04	Hierarchical Child Code	1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	Expect value "1"	
2100B	NM1	INFORMATION RECEIVER NAME		This could either be an AHCCCS Registered Provider OR a Clearinghouse.	X
2100B	NM101	Entity Identifier Code		Expect any value of the actual sender	
2100B	NM102	Entity Type Qualifier	1 Person 2 Non-Person Entity	Expect either value '1' or '2'	
2100B	NM103	Name Last or Organization Name		Expect Provider or clearing house name Who physically is to receive data	
2100B	NM104	Name First		Expect name if NM102 = 1	
2100B	NM105	Name Middle		Expect name if NM102 = 1	
2100B	NM106	Name Prefix		NOT USED	
2100B	NM107	Name Suffix		Expect name if NM102 = 1	
2100B	NM108	Identification Code Qualifier	SV Service Provider Number XX Centers for Medicare and Medicaid Services National Provider Identifier	Expect value "XX" if required to have NPI or "SV" in using AHCCCS Provider ID number when NM101 = '1P', '80', 'FA', or 'GP'	
2100B	NM109	Identification Code	1P Provider 2B Third-Party Administrator 36 Employer 80 Hospital FA Facility GP Gateway Provider P5 Plan Sponsor PR Payer	If NM101 = '1P', '80', 'FA', or 'GP' Expect National Provider ID if NM108 = 'XX' or AHCCCS Provider ID if NM108 = 'SV' Otherwise ignore number	
2100B	NM110	Entity Relationship Code		NOT USED	
2100B	NM111	Entity Identifier Code		NOT USED	
2100B	NM112	Name Last or Organization Name		NOT USED	
2100B	REF	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION		SEGMENT NOT USED BY AHCCCS	
2100B	REF01	Reference Identification Qualifier		Will not be used if populated	
2100B	REF02	Reference Identification		Will not be used if populated	
2100B	REF03	Description		Will not be used if populated	
2100B	REF04	REFERENCE IDENTIFIER		NOT USED	
2100B	N3	INFORMATION RECEIVER ADDRESS		SEGMENT NOT USED BY AHCCCS	
2100B	N301	Address Information		Will not be used if populated	
2100B	N302	Address Information		Will not be used if populated	
2100B	N4	INFORMATION RECEIVER CITY/STATE/ ZIP CODE		SEGMENT NOT USED BY AHCCCS	
2100B	N401	City Name		Will not be used if populated	
2100B	N402	State or Province Code		Will not be used if populated	
2100B	N403	Postal Code		Will not be used if populated	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100B	N404	Country Code		Will not be used if populated	
2100B	N405	Location Qualifier		NOT USED	
2100B	N406	Location Qualifier		NOT USED	
2100B	N407	Country Subdivision Code		Not to be used	
2100B	PRV	INFORMATION RECEIVER PROVIDER INFORMATION			X
2100B	PRV01	Provider Code	<p>Provider Type Codes:</p> <p>AD Admitting AT Attending BI Billing CO Consulting CV Covering H Hospital HH Home Health Care LA Laboratory OT Other Physician P1 Pharmacist P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic RF Referring SB Submitting SK Skilled Nursing Facility SU Supervising</p>	If used, return on 271	X
2100B	PRV02	Reference Identification Qualifier	PXC Health Care Provider Taxonomy Code	NOT TO BE USED	
2100B	PRV03	Reference Identification		NOT TO BE USED	
2100B	PRV04	State or Province Code		NOT USED	
2100B	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED	
2100B	PRV06	Provider Organization Code		NOT USED	
2000C	HL	SUBSCRIBER LEVEL			
2000C	HL01	Hierarchical ID Number		Incremented number from previous HL segment	
2000C	HL02	Hierarchical Parent ID Number		Expect to be populated with a positive numeric value	
2000C	HL03	Hierarchical Level Code	22 Subscriber	Expect Value '22'	
2000C	HL04	Hierarchical Child Code	<p>0 No Subordinate HL Segment in this Hierarchical Structure.</p> <p>1 Additional Subordinate HL Data Segment in this Hierarchical Structure. - Used for Newborn search</p>	Expect Value '0' or '1'	
2000C	TRN	SUBSCRIBER TRACE NUMBER		This segment is not sent when performing a newborn request using the 2000D Dependent loop.	
2000C	TRN01	Trace Type Code	1 Current Transaction Trace Numbers	Expect Value '1'	
2000C	TRN02	Reference Identifier		Expect to be populated with a numeric value	X

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2000C	TRN03	Originating Company Identifier		Expect 1+Requester's 9-digit Federal Tax ID	X
2000C	TRN04	Reference Identification		If present, return on 271	X
2100C	NM1	SUBSCRIBER NAME			
2100C	NM101	Entity Identifier Code	IL Insured or Subscriber	Expect value "IL"	
2100C	NM102	Entity Type Qualifier	1 Person	Expect value "1"	
2100C	NM103	Name Last or Organization Name	Used in Search	Recipient's Last Name may or may not be provided.	
2100C	NM104	Name First	Used in Search	Recipient's First Name may or may not be provided.	
2100C	NM105	Name Middle		Recipient's Middle Name may or may not be provided.	
2100C	NM106	Name Prefix		NOT USED	
2100C	NM107	Name Suffix			
2100C	NM108	Identification Code Qualifier	MI Member Identification Number	Expect value "MI" if value in NM109 is populated and begins with 'A'	
2100C	NM109	Identification Code	Used in Search	Expect AHCCCS Recipient ID if NM108 is "MI"	
2100C	NM110	Entity Relationship Code		NOT USED	
2100C	NM111	Entity Identifier Code		NOT USED	
2100C	NM112	Name Last or Organization Name		NOT USED	
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION		SSN - For use in Optional search	
2100C	REF01	Reference Identification Qualifier	SY Social Security Number	Expect 'SY' for SSN	
2100C	REF02	Reference Identification	If SSN does not match, will not be returned in 271	Recipient's SSN	X
2100C	REF03	Description		NOT USED	
2100C	REF04	REFERENCE IDENTIFIER		NOT USED	
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION		Medicare Claim ID - for use in Optional search	
2100C	REF01	Reference Identification Qualifier	F6 Health Insurance Claim (HIC) Number	Expect 'F6' Medicare Claim ID	
2100C	REF02	Reference Identification	Medicare Claim ID number will be returned if Recipient has Medicare	Expect Recipient's Medicare Claim ID	X
2100C	REF03	Description		NOT USED	
2100C	REF04	REFERENCE IDENTIFIER		NOT USED	
2100C	N3	SUBSCRIBER ADDRESS		SEGMENT NOT USED BY AHCCCS	
2100C	N301	Address Information		Not to be used	
2100C	N302	Address Information		Not to be used	
2100C	N4	SUBSCRIBER CITY/STATE/ZIP CODE		SEGMENT NOT USED BY AHCCCS	
2100C	N401	City Name		Not to be used	
2100C	N402	State or Province Name		Not to be used	
2100C	N403	Postal Code		Not to be used	
2100C	N404	Country Code		NOT USED	
2100C	N405	Location Qualifier		NOT USED	
2100C	N406	Location Qualifier		NOT USED	
2100C	N407	Country Subdivision Code		NONE	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100C	PRV	PROVIDER INFORMATION		THIS SEGMENT IS NOT REQUIRED IF THE PROVIDER ENTERED DATA IN THE 2100B LOOP. THIS SEGMENT USED ONLY IF PROVIDER IS NOT THE SAME AS IN 2100B SEGMENTCheck If 2100B NM101 is not = '1P', '80', 'FA', or 'GP', then use this segment	X
2100C	PRV01	Provider Code	AD Admitting AT Attending BI Billing CO Consulting CV Covering H Hospital HH Home Health Care LA Laboratory OT Other Physician P1 Pharmacist P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic RF Referring SK Skilled Nursing Facility SU Supervising	Expect this field to contain a value	X
2100C	PRV02	Reference Identification Qualifier	9K Servicer HPI Centers for Medicare and Medicaid Services National Provider Identifier	Expect "HPI" NPI or "9K" if no NPI	X
2100C	PRV03	Reference Identification		Expect NPI or Provider ID	X
2100C	PRV04	State or Province Code		NOT USED	
2100C	PRV05	PROVIDER SPECIALTY INFORMATION		NOT USED	
2100C	PRV06	Provider Organization Code		NOT USED	
2100C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION			
2100C	DMG01	Date Time Period Format Qualifier	D8 CCYYMMDD	Expect Value 'D8' if DMG02 populated	
2100C	DMG02	Date Time Period		Recipient's DOB may or may not be provided	X
2100C	DMG03	Gender Code		Recipient's Gender may or may not be provided	X
2100C	DMG04	Marital Status Code		NOT USED	
2100C	DMG05	Composite Race or Ethnicity Information		NOT USED	
2100C	DMG06	Citizenship Status Code		NOT USED	
2100C	DMG07	Country Code		NOT USED	
2100C	DMG08	Basis of Verification Code		NOT USED	
2100C	DMG09	Quantity		NOT USED	
2100C	DMG10	Code List Qualifier Code		NOT USED	
2100C	DMG11	Industry Code		NOT USED	
2100C	INS	MULTIPLE BIRTH SEQUENCE NUMBER		SEGMENT NOT USED BY AHCCCS	
2100C	INS01	Yes/No Condition or Response Code		Not to be used	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100C	INS02	Individual Relationship Code		Not to be used	
2100C	INS03	Maintenance Type Code		NOT USED	
2100C	INS04	Maintenance Reason Code		NOT USED	
2100C	INS05	Benefit Status Code		NOT USED	
2100C	INS06	MEDICARE STATUS CODE		NOT USED	
2100C	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying		NOT USED	
2100C	INS08	Employment Status Code		NOT USED	
2100C	INS09	Student Status Code		NOT USED	
2100C	INS10	Yes/No Condition or Response Code		NOT USED	
2100C	INS11	Date Time Period Format Qualifier		NOT USED	
2100C	INS12	Date Time Period		NOT USED	
2100C	INS13	Confidentiality Code		NOT USED	
2100C	INS14	City Name		NOT USED	
2100C	INS15	State or Province Code		NOT USED	
2100C	INS16	Country Code		NOT USED	
2100C	INS17	Number		Not to be used	
2100C	HI	SUBSCRIBER HEALTH CARE DIAGNOSIS CODE		SEGMENT NOT USED BY AHCCCS	
2100C	HI01	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI01 - 1	Code List Qualifier Code		Not to be used	
2100C	HI01 - 2	Industry Code		Not to be used	
2100C	HI01 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI01 - 4	Date Time Period		NOT USED	
2100C	HI01 - 5	Monetary Amount		NOT USED	
2100C	HI01 - 6	Quantity		NOT USED	
2100C	HI01 - 7	Version Identifier		NOT USED	
2100C	HI01 - 8	Industry Code		NOT USED	
2100C	HI01 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI02	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI02 - 1	Code List Qualifier Code		Not to be used	
2100C	HI02 - 2	Industry Code		Not to be used	
2100C	HI02 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI02 - 4	Date Time Period		NOT USED	
2100C	HI02 - 5	Monetary Amount		NOT USED	
2100C	HI02 - 6	Quantity		NOT USED	
2100C	HI02 - 7	Version Identifier		NOT USED	
2100C	HI02 - 8	Industry Code		NOT USED	
2100C	HI02 - 9	Yes/No Condition or Response Code		Not to be used	
2100C	HI03	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI03 - 1	Code List Qualifier Code		Not to be used	
2100C	HI03 - 2	Industry Code		Not to be used	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100C	HI03 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI03 - 4	Date Time Period		NOT USED	
2100C	HI03 - 5	Monetary Amount		NOT USED	
2100C	HI03 - 6	Quantity		NOT USED	
2100C	HI03 - 7	Version Identifier		NOT USED	
2100C	HI03 - 8	Industry Code		NOT USED	
2100C	HI03 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI04	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI04 - 1	Code List Qualifier Code		Not to be used	
2100C	HI04 - 2	Industry Code		Not to be used	
2100C	HI04 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI04 - 4	Date Time Period		NOT USED	
2100C	HI04 - 5	Monetary Amount		NOT USED	
2100C	HI04 - 6	Quantity		NOT USED	
2100C	HI04 - 7	Version Identifier		NOT USED	
2100C	HI04 - 8	Industry Code		NOT USED	
2100C	HI04 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI05	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI05 - 1	Code List Qualifier Code		Not to be used	
2100C	HI05 - 2	Industry Code		Not to be used	
2100C	HI05 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI05 - 4	Date Time Period		NOT USED	
2100C	HI05 - 5	Monetary Amount		NOT USED	
2100C	HI05 - 6	Quantity		NOT USED	
2100C	HI05 - 7	Version Identifier		NOT USED	
2100C	HI05 - 8	Industry Code		NOT USED	
2100C	HI05 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI06	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI06 - 1	Code List Qualifier Code		Not to be used	
2100C	HI06 - 2	Industry Code		Not to be used	
2100C	HI06 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI06 - 4	Date Time Period		NOT USED	
2100C	HI06 - 5	Monetary Amount		NOT USED	
2100C	HI06 - 6	Quantity		NOT USED	
2100C	HI06 - 7	Version Identifier		NOT USED	
2100C	HI06 - 8	Industry Code		NOT USED	
2100C	HI06 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI07	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI07 - 1	Code List Qualifier Code		Not to be used	
2100C	HI07 - 2	Industry Code		Not to be used	
2100C	HI07 - 3	Date Time Period Format Qualifier		NOT USED	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100C	HI07 - 4	Date Time Period		NOT USED	
2100C	HI07 - 5	Monetary Amount		NOT USED	
2100C	HI07 - 6	Quantity		NOT USED	
2100C	HI07 - 7	Version Identifier		NOT USED	
2100C	HI07 - 8	Industry Code		NOT USED	
2100C	HI07 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI08	HEALTH CARE CODE INFORMATION		Not to be used	
2100C	HI08 - 1	Code List Qualifier Code		Not to be used	
2100C	HI08 - 2	Industry Code		Not to be used	
2100C	HI08 - 3	Date Time Period Format Qualifier		NOT USED	
2100C	HI08 - 4	Date Time Period		NOT USED	
2100C	HI08 - 5	Monetary Amount		NOT USED	
2100C	HI08 - 6	Quantity		NOT USED	
2100C	HI08 - 7	Version Identifier		NOT USED	
2100C	HI08 - 8	Industry Code		NOT USED	
2100C	HI08 - 9	Yes/No Condition or Response Code		NOT USED	
2100C	HI09	HEALTH CARE CODE INFORMATION		NOT USED	
2100C	HI10	HEALTH CARE CODE INFORMATION		NOT USED	
2100C	HI11	HEALTH CARE CODE INFORMATION		NOT USED	
2100C	HI12	HEALTH CARE CODE INFORMATION		NOT USED	
2100C	DTP	SUBSCRIBER DATE			
2100C	DTP01	Date Time Qualifier	291-Plan	Expect value "291"	
2100C	DTP02	Date Time Period Format Qualifier	D8 CCYYMMDDRD8 CCYYMMDD- CCYYMMDD	Expect value "D8" or "RD8"	
2100C	DTP03	Date Time Period	AHCCCS will use the date the transaction date is process if no date is supplied.	Expect one date if DTP01 is D8 and expect a date range if RD8	
2110C	EQ	SUBSCIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION			
2110C	EQ01	Service Type Code	30 Health Benefit Plan Coverage	Expect Value "30" since we will not support Explicit Inquires	
2110C	EQ02	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		Not to be used	
2110C	EQ02 - 1	Product/Service ID Qualifier		Not to be used	
2110C	EQ02 - 2	Product/Service ID		Not to be used	
2110C	EQ02 - 3	Procedure Modifier		Not to be used	
2110C	EQ02 - 4	Procedure Modifier		Not to be used	
2110C	EQ02 - 5	Procedure Modifier		Not to be used	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2110C	EQ02 - 6	Procedure Modifier		Not to be used	
2110C	EQ02 - 7	Description		NOT USED	
2110C	EQ02 - 8	Product/Service ID		NOT USED	
2110C	EQ03	Coverage Level Code		Not to be used	
2110C	EQ04	Insurance Type Code		NOT USED	
2110C	EQ05	COMPOSITE DIAGNOSIS CODE POINTER		Not to be used	
2110C	EQ05 - 1	Diagnosis Code Pointer		Not to be used	
2110C	EQ05 - 2	Diagnosis Code Pointer		Not to be used	
2110C	EQ05 - 3	Diagnosis Code Pointer		Not to be used	
2110C	EQ05 - 4	Diagnosis Code Pointer		Not to be used	
2110C	AMT	SUBSCRIBER SPEND DOWN AMOUNT		SEGMENT NOT USED BY AHCCCS	
2110C	AMT01	Amount Qualifier Code		Not to be used	
2110C	AMT02	Monetary Amount		Not to be used	
2110C	AMT03	Credit/Debit Flag Code		NOT USED	
2110C	AMT	SUBSCRIBER SPEND DOWN TOTAL BILLED AMOUNT		SEGMENT NOT USED BY AHCCCS	
2110C	AMT01	Amount Qualifier Code		Not to be used	
2110C	AMT02	Monetary Amount		Not to be used	
2110C	AMT03	Credit/Debit Flag Code		NOT USED	
2110C	III	SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY INFORMATION		SEGMENT NOT USED BY AHCCCS	
2110C	III01	Code List Qualifier Code		Not to be used	
2110C	III02	Industry Code		Not to be used	
2110C	III03	Code Category		NOT USED	
2110C	III04	Free-Form Message Text		NOT USED	
2110C	III05	Quantity		NOT USED	
2110C	III06	COMPOSITE UNIT OF MEASURE		NOT USED	
2110C	III07	Surface/Layer/Position Code		NOT USED	
2110C	III08	Surface/Layer/Position Code		NOT USED	
2110C	III09	Surface/Layer/Position Code		NOT USED	
2110C	REF	SUBSCRIBER ADDITIONAL INFORMATION		SEGMENT NOT USED BY AHCCCS	
2110C	REF01	Reference Identification Qualifier		Not to be used	
2110C	REF02	Reference Identification		Not to be used	
2110C	REF03	Description		NOT USED	
2110C	REF04	REFERENCE IDENTIFIER		NOT USED	
2110C	DTP	SUBSCRIBER ELIGIBILITY/ BENEFIT DATE		SEGMENT NOT USED BY AHCCCS	
2110C	DTP01	Date Time Qualifier		Not to be used	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2110C	DTP02	Date Time Period Format Qualifier		Not to be used	
2110C	DTP03	Date Time Period Format Qualifier		Not to be used	
2000D	HL	DEPENDENT LEVEL		When provider is requesting information about a mother's newborn child (DOB must be less than 12 months in past), this segment will be used by the provider to submit gender and DOB of newborn and the 2100C segments will provide the mother's demographic data. If found, the newborn data will be returned on the 271 as the subscriber and mother's data will not be returned. If newborn DOB is more than 12 months in the past, data in 271 will only be provided on mother.	
2000D	HL01	Hierarchical ID Number		Expect to be populated with a positive numeric value	
2000D	HL02	Hierarchical Parent ID Number		Expect to be populated with a positive numeric value	
2000D	HL03	Hierarchical Level Code		Expect to be populated with "23"	
2000D	HL04	Hierarchical Child Code		Expect to be populated with "0"	
2000D	TRN	DEPENDENT TRACE NUMBER		The 2000C/TRN Subscriber Level is not used when the 2000D/TRN Dependent Level is used for a newborn request.	
2000D	TRN01	Trace Type Code		Expect to be populated with "1"	
2000D	TRN02	Reference Identification		Expect to be populated with a number	X
2000D	TRN03	Originating Company Identifier		Expect to be populated with a number	X
2000D	TRN04	Reference Identification		May or may not be populated	X
2100D	NM1	DEPENDENT NAME			
2100D	NM101	Entity Identifier Code		Expect to be populated with "03"	
2100D	NM102	Entity Type Qualifier		Expect to be populated with "1"	
2100D	NM103	Name Last or Organization Name	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	Expect Newborn Last Name	X
2100D	NM104	Name First	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	Expect Newborn First Name	X
2100D	NM105	Name Middle	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	Expect Newborn Middle Initial	X
2100D	NM106	Name Prefix		NOT USED	
2100D	NM107	Name Suffix		Not to be used	
2100D	NM108	Identification Code Qualifier		NOT USED	
2100D	NM109	Identification Code		NOT USED	
2100D	NM110	Entity Relationship Code		NOT USED	
2100D	NM111	Entity Identifier Code		NOT USED	
2100D	NM112	Name Last or Organization Name		NOT USED	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100D	REF	DEPENDENT ADDITIONAL IDENTIFICATION		SEGMENT NOT USED BY AHCCCS	
2100D	REF01	Reference Identification Qualifier		Not to be used	
2100D	REF02	Reference Identification		Not to be used	
2100D	REF03	Description		NOT USED	
2100D	REF04	REFERENCE IDENTIFIER		NOT USED	
2100D	N3	DEPENDENT ADDRESS		SEGMENT NOT USED BY AHCCCS	
2100D	N301	Address Information		Not to be used	
2100D	N302	Address Information		Not to be used	
2100D	N4	DEPENDENT CITY/STATE/ZIP CODE		SEGMENT NOT USED BY AHCCCS	
2100D	N401	City Name		Not to be used	
2100D	N402	State or Province Code		Not to be used	
2100D	N403	Postal Code		Not to be used	
2100D	N404	Country Code		Not to be used	
2100D	N405	Location Qualifier		NOT USED	
2100D	N406	Location Qualifier		NOT USED	
2100D	N407	Country Subdivision Code		Not to be used	
2100D	PRV	PROVIDER INFORMATION		SEGMENT NOT USED BY AHCCCS	
2100D	PRV01	Provider Code		Not to be used	
2100D	PRV02	Reference Identification Qualifier		Not to be used	
2100D	PRV03	Reference Identification		Not to be used	
2100D	PRV04	State or Province Code		NOT USED	
2100D	PRV05	PROVIDER SPECIALITY INFORMATION		NOT USED	
2100D	PRV06	Provider Organization Code		NOT USED	
2100D	DMG	DEPENDENT DEMOGRAPHIC INFORMATION			
2100D	DMG01	Date Time Period Format Qualifier		Expect to be populated with "D8"	
2100D	DMG02	Date Time Period	Used for NB search	Expect to be populated with DOB of newborn	X
2100D	DMG03	Gender Code	Used for NB search	Expect to be populated with newborns gender	X
2100D	DMG04	Marital Status Code		NOT USED	
2100D	DMG05	Composite Race or Ethnicity Code		NOT USED	
2100D	DMG06	Citizenship Status Code		NOT USED	
2100D	DMG07	Country Code		NOT USED	
2100D	DMG08	Basis of Verification Code		NOT USED	
2100D	DMG09	Quantity		NOT USED	
2100D	DMG10	Code List Qualifier Code		NOT USED	
2100D	DMG11	Industry Code		NOT USED	
2100D	INS	DEPENDENT RELATIONSHIP		SEGMENT NOT USED BY AHCCCS	
2100D	INS01	Yes/No Condition or Response Code		Not to be used	
2100D	INS02	Individual Relationship Code		Not to be used	
2100D	INS03	Maintenance Type Code		NOT USED	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100D	INS04	Maintenance Reason Code		NOT USED	
2100D	INS05	Benefit Status Code		NOT USED	
2100D	INS06	MEDICARE STATUS CODE		NOT USED	
2100D	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying		NOT USED	
2100D	INS08	Employment Status Code		NOT USED	
2100D	INS09	Student Status Code		NOT USED	
2100D	INS10	Yes/No Condition or Response Code		NOT USED	
2100D	INS11	Date Time Period Format Qualifier		NOT USED	
2100D	INS12	Date Time Period		NOT USED	
2100D	INS13	Confidentiality Code		NOT USED	
2100D	INS14	City Name		NOT USED	
2100D	INS15	State or Province Code		NOT USED	
2100D	INS16	Country Code		NOT USED	
2100D	INS17	Number		Not to be used	
2100D	HI	DEPENDENT HEALTH CARE DIAGNOSIS CODE		SEGMENT NOT USED BY AHCCCS	
2100D	HI01	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI01 - 1	Code List Qualifier Code		Not to be used	
2100D	HI01 - 2	Industry Code		Not to be used	
2100D	HI01 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI01 - 4	Date Time Period		NOT USED	
2100D	HI01 - 5	Monetary Amount		NOT USED	
2100D	HI01 - 6	Quantity		NOT USED	
2100D	HI01 - 7	Version Identifier		NOT USED	
2100D	HI01 - 8	Industry Code		NOT USED	
2100D	HI01 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI02	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI02 - 1	Code List Qualifier Code		Not to be used	
2100D	HI02 - 2	Industry Code		Not to be used	
2100D	HI02 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI02 - 4	Date Time Period		NOT USED	
2100D	HI02 - 5	Monetary Amount		NOT USED	
2100D	HI02 - 6	Quantity		NOT USED	
2100D	HI02 - 7	Version Identifier		NOT USED	
2100D	HI02 - 8	Industry Code		NOT USED	
2100D	HI02 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI03	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI03 - 1	Code List Qualifier Code		Not to be used	
2100D	HI03 - 2	Industry Code		Not to be used	
2100D	HI03 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI03 - 4	Date Time Period		NOT USED	

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ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100D	HI03 - 5	Monetary Amount		NOT USED	
2100D	HI03 - 6	Quantity		NOT USED	
2100D	HI03 - 7	Version Identifier		NOT USED	
2100D	HI03 - 8	Industry Code		NOT USED	
2100D	HI03 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI04	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI04 - 1	Code List Qualifier Code		Not to be used	
2100D	HI04 - 2	Industry Code		Not to be used	
2100D	HI04 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI04 - 4	Date Time Period		NOT USED	
2100D	HI04 - 5	Monetary Amount		NOT USED	
2100D	HI04 - 6	Quantity		NOT USED	
2100D	HI04 - 7	Version Identifier		NOT USED	
2100D	HI04 - 8	Industry Code		NOT USED	
2100D	HI04 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI05	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI05 - 1	Code List Qualifier Code		Not to be used	
2100D	HI05 - 2	Industry Code		Not to be used	
2100D	HI05 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI05 - 4	Date Time Period		NOT USED	
2100D	HI05 - 5	Monetary Amount		NOT USED	
2100D	HI05 - 6	Quantity		NOT USED	
2100D	HI05 - 7	Version Identifier		NOT USED	
2100D	HI05 - 8	Industry Code		NOT USED	
2100D	HI05 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI06	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI06 - 1	Code List Qualifier Code		Not to be used	
2100D	HI06 - 2	Industry Code		Not to be used	
2100D	HI06 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI06 - 4	Date Time Period		NOT USED	
2100D	HI06 - 5	Monetary Amount		NOT USED	
2100D	HI06 - 6	Quantity		NOT USED	
2100D	HI06 - 7	Version Identifier		NOT USED	
2100D	HI06 - 8	Industry Code		NOT USED	
2100D	HI06 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI07	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI07 - 1	Code List Qualifier Code		Not to be used	
2100D	HI07 - 2	Industry Code		Not to be used	
2100D	HI07 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI07 - 4	Date Time Period		NOT USED	
2100D	HI07 - 5	Monetary Amount		NOT USED	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2100D	HI07 - 6	Quantity		NOT USED	
2100D	HI07 - 7	Version Identifier		NOT USED	
2100D	HI07 - 8	Industry Code		NOT USED	
2100D	HI07 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI08	HEALTH CARE CODE INFORMATION		Not to be used	
2100D	HI08 - 1	Code List Qualifier Code		Not to be used	
2100D	HI08 - 2	Industry Code		Not to be used	
2100D	HI08 - 3	Date Time Period Format Qualifier		NOT USED	
2100D	HI08 - 4	Date Time Period		NOT USED	
2100D	HI08 - 5	Monetary Amount		NOT USED	
2100D	HI08 - 6	Quantity		NOT USED	
2100D	HI08 - 7	Version Identifier		NOT USED	
2100D	HI08 - 8	Industry Code		NOT USED	
2100D	HI08 - 9	Yes/No Condition or Response Code		NOT USED	
2100D	HI09	HEALTH CARE CODE INFORMATION		NOT USED	
2100D	HI10	HEALTH CARE CODE INFORMATION		NOT USED	
2100D	HI11	HEALTH CARE CODE INFORMATION		NOT USED	
2100D	HI12	HEALTH CARE CODE INFORMATION		NOT USED	
2100D	DTP	DEPENDENT DATE		SEGMENT NOT USED BY AHCCCS	
2100D	DTP01	Date Time Qualifier		Not to be used	
2100D	DTP02	Date Time Period Format Qualifier		Not to be used	
2100D	DTP03	Date Time Period		Not to be used	
2110D	EQ	DEPENDENT ELIGIBILITY/BENEFIT INQUIRY			
2110D	EQ01	Service Type Code		Expect '30'	
2110D	EQ02	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		Not to be used	
2110D	EQ02 - 1	Product/Service ID Qualifier		Not to be used	
2110D	EQ02 - 2	Product/Service ID		Not to be used	
2110D	EQ02 - 3	Procedure Modifier		Not to be used	
2110D	EQ02 - 4	Procedure Modifier		Not to be used	
2110D	EQ02 - 5	Procedure Modifier		Not to be used	
2110D	EQ02 - 6	Procedure Modifier		Not to be used	
2110D	EQ02 - 7	Description		NOT USED	
2110D	EQ02 - 8	Product/Service ID		NOT USED	
2110D	EQ03	Coverage Level Code		NOT USED	
2110D	EQ04	Insurance Type Code		NOT USED	

ID	Element	Description	Values / Notes	AHCCCS Usage/Expected Value	RETURN ON 271
2110D	EQ05	COMPOSITE DIAGNOSIS CODE POINTER		NONE	
2110D	EQ05 - 1	Diagnosis Code Pointer		NONE	
2110D	EQ05 - 2	Diagnosis Code Pointer		NONE	
2110D	EQ05 - 3	Diagnosis Code Pointer		NONE	
2110D	EQ05 - 4	Diagnosis Code Pointer		NONE	
2110D	III	DEPENDENT ELIGIBILITY/BENEFIT ADDITIONAL INQUIRY		SEGMENT NOT USED BY AHCCCS	
2110D	III01	Code List Qualifier Code		Not to be used	
2110D	III02	Industry Code		Not to be used	
2110D	III03	Code Category		NOT USED	
2110D	III04	Free-Form Message Text		NOT USED	
2110D	III05	Quantity		NOT USED	
2110D	III06	COMPOSITE UNIT OF MEASURE		NOT USED	
2110D	III07	Surface/Layer/Position Code		NOT USED	
2110D	III08	Surface/Layer/Position Code		NOT USED	
2110D	III09	Surface/Layer/Position Code		NOT USED	
2110D	REF	DEPENDENT ADDITIONAL INFORMATION		SEGMENT NOT USED BY AHCCCS	
2110D	REF01	Reference Identification Qualifier		Not to be used	
2110D	REF02	Reference Identification		Not to be used	
2110D	REF03	Description		NOT USED	
2110D	REF04	REFRENCE IDENTIFIER		NOT USED	
2110D	DTP	DEPENDENT ELIGIBILITY/ BENEFIT DATE		SEGMENT NOT USED BY AHCCCS	
2110D	DTP01	Date Time Qualifier		Not to be used	
2110D	DTP02	Date Time Period Format Qualifier		Not to be used	
2110D	DTP03	Date Time Period		Not to be used	
	SE	TRANSACTION SET TRAILER			
	SE01	Number of Included Segments		Expect to be populated with count	
	SE02	Transaction Set Control Number		Must match ST02 number	
	GE	FUNCTIONAL GROUP TRAILER			
	GE01	Number of Transaction Sets Included		Total number of transactions sent	
	GE02	Group Control Number		Must be the same at GS06	
	IEA	INTERCHANGE CONTROL TRAILER			
	IEA01	Number of Included Functional Groups		Total number of functional groups sent	
	IEA02	Interchange Control Number		Expect to be populated	

4.1.2 271 Transaction Notes

ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
	ISA	INTERCHANGE CONTROL HEADER																	
	ISA01	Authorization Information Qualifier	Expect value "00" (No authorization information present)																
	ISA02	Authorization Information	Use 10 spaces	Use 10 spaces															
	ISA03	Security Information Qualifier	Expect value "00" (No security information present)																
	ISA04	Security Information	Use 10 spaces																
	ISA05	Interchange ID Qualifier	Use "Z2" Mutually Defined																
	ISA06	Interchange Sender ID	Use "AHCCCS866004791"																
	ISA07	Interchange ID Qualifier	Use "Z2" Mutually Defined																
	ISA08	Interchange Receiver ID	Use Health Plan ID or Provider ID from mainframe file	Use Health Plan ID or Provider ID from mainframe file	Use Health Plan ID or Provider ID from mainframe file	Use Health Plan ID or Provider ID from mainframe file	Use Health Plan ID or Provider ID from mainframe file												
	ISA09	Interchange Date	Use Transaction Date from mainframe file																
	ISA10	Interchange Time	Use Transaction Time from mainframe file																
	ISA11	Repetition Separator	Use "%"																
	ISA12	Interchange Control Version Number	Use "00501"																
	ISA13	Interchange Control Number	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created	Must be a positive unsigned number that also matches IEA02 Date/time stamp of 271 created												
	ISA14	Acknowledgement Requested	Expect value "0" (No interchange acknowledgement requested)																
	ISA15	Interchange Usage Indicator	Use "P" Production																
	ISA16	Component Element Separator	Use "T" Pipe																
	GS	FUNCTIONAL GROUP HEADER																	
	GS01	Functional Identifier Code	Use "HB" 271 Response																
	GS02	Application Sender's Code	Use "AHCCCS866004791"																
	GS03	Application Receiver's Code	Use value found in GS02 of 270																
	GS04	Date	Create Date	Create Date	Create Date	Create Date	Create Date												
	GS05	Time	Create Time	Create Time	Create Time	Create Time	Create Time												
	GS06	Group Control Number	Use value found in GE02 trailer of 270 request	Use value found in GE02 trailer of 270 request	Use value found in GE02 trailer of 270 request	Use value found in GE02 trailer of 270 request	Use value found in GE02 trailer of 270 request												
	GS07	Responsible Agency Code	Use "%X Accredited Standards Committee X12																
	GS08	Version/Release/Industry Identifier Code	Use "005010X279A1"																
	HDR	ST	TRANSACTION SET HEADER																
	HDR	ST01	Transaction Set Identifier Code	Use "271"	Use "271"	Use "271"	Use "271"	Use "271"											
	HDR	ST02	Transaction Set Control Number	Incremental number and must match SE02	Incremental number and must match SE02														
	HDR	ST03	Implementation Convention Reference	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"	Use "005010X279A1"											

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HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION																	
HDR	BHT01	Hierarchical Structure Code	Use "0022"	Use "0022"	Use "0022"	Use "0022"	Use "0022"												
HDR	BHT02	Transaction Set Purpose Code	Use "11" when a response	Use "11" when a response	Use "11" when a response	Use "11" when a response	Use "11" when a response												
HDR	BHT03	Reference Identification	Use data from 270 BHT03 if received.	Use data from 270 BHT03 if received.	Use data from 270 BHT03 if received.	Use data from 270 BHT03 if received.	Use data from 270 BHT03 if received.												
HDR	BHT04	Date	Use Transaction Date	Use Transaction Date	Use Transaction Date	Use Transaction Date	Use Transaction Date												
HDR	BHT05	Time	Use Transaction Time	Use Transaction Time	Use Transaction Time	Use Transaction Time	Use Transaction Time												
HDR	BHT06	Transaction Type Code	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2000A	HL	INFORMATION SOURCE LEVEL																	
2000A	HL01	Hierarchical ID Number	Start with '1' and increment by 1 for each HL01 within one set of ST and SE	Start with '1' and increment by 1 for each HL01 within one set of ST and SE	Start with '1' and increment by 1 for each HL01 within one set of ST and SE	Start with '1' and increment by 1 for each HL01 within one set of ST and SE	Start with '1' and increment by 1 for each HL01 within one set of ST and SE												
2000A	HL02	Hierarchical Parent ID Number																	
2000A	HL03	Hierarchical Level Code	Use "20"	Use "20"	Use "20"	Use "20"	Use "20"												
2000A	HL04	Hierarchical Child Code	Use "0" No subordinate	Use "1"	Use "1"	Use "1"	Use "1"												
2000A	AAA	REQUEST VALIDATION	This AAA segment will not apply as the Validator will not allow unauthorized use or invalid participant to even get into the process. Those will be rejected up front.																
	AAA01	Yes/No Condition or Response Code	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2000A	AAA02	Agency Qualifier Code	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2000A	AAA03	Reject Reason Code	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2000A	AAA04	Follow-up Action Code	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	NM1	INFORMATION SOURCE NAME																	
2100A	NM101	Entity Identifier Code	Use "PR" Payer	Use "PR" Payer	Use "PR" Payer	Use "PR" Payer	Use "PR" Payer												
2100A	NM102	Entity Type Qualifier	Use "2" Non-Person	Use "2" Non-Person	Use "2" Non-Person	Use "2" Non-Person	Use "2" Non-Person												
2100A	NM103	Name Last or Organization Name	Use "AHCCCS"	Use "AHCCCS"	Use "AHCCCS"	Use "AHCCCS"	Use "AHCCCS"												
2100A	NM104	Name First	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	NM105	Name Middle	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	NM106	Name Prefix	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	NM107	Name Suffix	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	NM108	Identification Code Qualifier	Use "FI" Tax Identification	Use "FI" Tax Identification	Use "FI" Tax Identification	Use "FI" Tax Identification	Use "FI" Tax Identification												
2100A	NM109	Identification Code	Use "666004791"	Use "666004791"	Use "666004791"	Use "666004791"	Use "666004791"												
2100A	NM110	Entity Relationship Code	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	NM111	Entity Identifier Code	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	NM112	Name Last or Organization Name	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	PER	PAYER CONTACT INFORMATION																	
2100A	PER01	Contact Function Code	Populate with 'IC' Information Contact	Populate with 'IC' Information Contact	Populate with 'IC' Information Contact	Populate with 'IC' Information Contact	Populate with 'IC' Information Contact												
2100A	PER02	Name	Populate with 'EDI CUSTOMER SUPPORT'	Populate with 'EDI CUSTOMER SUPPORT'	Populate with 'EDI CUSTOMER SUPPORT'	Populate with 'EDI CUSTOMER SUPPORT'	Populate with 'EDI CUSTOMER SUPPORT'												
2100A	PER03	Communication Number Qualifier	Populate with 'EM' Email	Populate with 'EM' Email	Populate with 'EM' Email	Populate with 'EM' Email	Populate with 'EM' Email												
2100A	PER04	Communication Number	Populate with 'EDICustomerSupport@azahcccs.gov'	Populate with 'EDICustomerSupport@azahcccs.gov'	Populate with 'EDICustomerSupport@azahcccs.gov'	Populate with 'EDICustomerSupport@azahcccs.gov'	Populate with 'EDICustomerSupport@azahcccs.gov'												
2100A	PER05	Communication Number Qualifier	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	PER06	Communication Number	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												

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2100A	PER07	Communication Number Qualifier	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	PER08	Communication Number	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used												
2100A	PER09	Contact Inquiry Reference	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED												
2100A	AAA	REQUEST VALIDATION	Use for Error at Information Source Level																
2100A	AAA01	Yes/No Condition or Response Code	Use 'N' No	Will not be used															
2100A	AAA02	Agency Qualifier Code	NOT USED																
2100A	AAA03	Reject Reason Code	04-Number of requests exceeded	Will not be used															
2100A	AAA04	Follow-up Action Code	Use 'C' Correct and resubmit	Will not be used															
		END RESPONSE FOR INFO SOURCE ERROR																	
2000B	HL	INFORMATION RECEIVER LEVEL																	
2000B	HL01	Hierarchical ID Number		An increment of 1 from previous HL01 loop within one set of ST and SE	An increment of 1 from previous HL01 loop within one set of ST and SE	An increment of 1 from previous HL01 loop within one set of ST and SE	An increment of 1 from previous HL01 loop within one set of ST and SE												
2000B	HL02	Hierarchical Parent ID Number		Sequentially assigned beginning with 1															
2000B	HL03	Hierarchical Level Code		Use "21"	Use "21"	Use "21"	Use "21"												
2000B	HL04	Hierarchical Child Code		Use "0" No subordinate	Use "1"	Use "1"	Use "1"												
2100B	NM1	INFORMATION RECEIVER NAME																	
2100B	NM101	Entity Identifier Code		Use what was sent on 270/2100B															
2100B	NM102	Entity Type Qualifier		Use what was sent on 270/2100B															
2100B	NM103	Name Last or Organization Name		Use what was sent on 270/2100B															
2100B	NM104	Name First		Use what was sent on 270/2100B															
2100B	NM105	Name Middle		Use what was sent on 270/2100B															
2100B	NM106	Name Prefix																	
2100B	NM107	Name Suffix																	
2100B	NM108	Identification Code Qualifier		Use what was sent on 270/2100B															
2100B	NM109	Identification Code		Use what was sent on 270/2100B															
2100B	NM110	Entity Relationship Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	NM111	Entity Identifier Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	NM112	Name Last or Organization Name		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	REF	INFORMATION RECEIVER ADDITIONAL IDENTIFICATION	Will not be used																
2100B	REF01	Reference Identification Qualifier		Will not be used															
2100B	REF02	Reference Identification		Will not be used															
2100B	REF03	Description		Will not be used															
2100B	REF04	REFERENCE IDENTIFIER		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	N3	INFORMATION RECEIVER ADDRESS	Will not be used	Errata A1-Segment added	Errata A1-Segment added	Errata A1-Segment added	Errata A1-Segment added												
2100B	N301	Address Information		Will not be used															
2100B	N302	Address Information		Will not be used															
2100B	N4	INFORMATION RECEIVER CITY/STATE/ZIP CODE	Will not be used	Errata A1-Segment added	Errata A1-Segment added	Errata A1-Segment added	Errata A1-Segment added												

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2100B	N401	City Name		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N402	State or Province Code		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N403	Postal Code		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N404	Country Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	N405	Location Qualifier		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	N406	Location Qualifier		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	N407	Country Subdivision Code		Will not be used	Will not be used	Will not be used	Will not be used												
2100B	AAA	INFORMATION RECEIVER VALIDATION REQUEST			<i>Used when error on Information Receiver</i>														
2100B	AAA01	Yes/ No Condition or Response Code		41 and 43, use 'N'; 50 and 51 use 'Y'	Will not be used	Will not be used	Will not be used												
2100B	AAA02	Agency Qualifier Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	AAA03	Reject Reason Code		If submitter fails below success rate threshold, use "41" If invalid or missing NPI or not found, use "43" If Provider is Terminated/Pended status or excluded, use "50" If NPI/Provider ID not found, use "51"	Will not be used	Will not be used	Will not be used												
2100B	AAA04	Follow-up Action Code		41, 43, and 51 use 'C'; 50 use 'N'	Will not be used	Will not be used	Will not be used												
2100B	PRV	INFORMATION RECEIVER PROVIDER INFORMATION																	
2100B	PRV01	Provider Code		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	PRV02	Reference Identification Qualifier		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	PRV03	Reference Identification		Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B	Use what was sent on 270/2100B												
2100B	PRV04	State or Province Code		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	PRV05	Provider Specialty Information		NOT USED	NOT USED	NOT USED	NOT USED												
2100B	PRV06	Provider Organization Code		NOT USED	NOT USED	NOT USED	NOT USED												
				END RESPONSE FOR INFO RCVR ERROR															
2000C	HL	SUBSCRIBER LEVEL																	
2000C	HL01	Hierarchical ID Number		Translator will populate	Translator will populate	Translator will populate	Translator will populate												
2000C	HL02	Hierarchical Parent ID Number		Translator will populate	Translator will populate	Translator will populate	Translator will populate												
2000C	HL03	Hierarchical Level Code		Populate with '22'	Populate with '22'	Populate with '22'	Populate with '22'												
2000C	HL04	Hierarchical Child Code		Populate with '0'	Populate with '0'	Populate with '0'	Populate with '1'												
2000C	TRN	SUBSCRIBER TRACE NUMBER																	
2000C	TRN01	Trace Type Code		Use "2"	Use "2"	Use "2"	Use "2"												
2000C	TRN02	Reference Identification		Use 270 TRN02 number	Use 270 TRN02 number	Use 270 TRN02 number	Use 270 TRN02 number												
2000C	TRN03	Originating Company Identifier		Use 270 TRN03 number	Use 270 TRN03 number	Use 270 TRN03 number	Use 270 TRN03 number												
2000C	TRN04	Reference Identification		Use 270 TRN04 number	Use 270 TRN04 number	Use 270 TRN04 number	Use 270 TRN04 number												
2100C	NM1	SUBSCRIBER NAME																	

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2100C	NM101	Entity Identifier Code			Use "1L"	Use "1L"	Use "1L"												
2100C	NM102	Entity Type Qualifier			Use "1"	Use "1"	Use "1"												
2100C	NM103	Name Last or Organization Name			Use last name from 270	Use last name from PMMIS	Use last name from PMMIS												
2100C	NM104	Name First			Use first name from 270	Use first name from PMMIS	Use first name from PMMIS												
2100C	NM105	Name Middle			Use middle initial from 270 (if any)	Use middle initial from PMMIS (if any)	Use middle initial from PMMIS (if any)												
2100C	NM106	Name Prefix			NOT USED	NOT USED	NOT USED												
2100C	NM107	Name Suffix			Will not be used	Will not be used	Will not be used												
2100C	NM108	Identification Code Qualifier			Will not be used	Use "MI"	Use "MI"												
2100C	NM109	Identification Code			Will not be used	Use AHCCCS ID number	Use AHCCCS ID number												
2100C	NM110	Entity Relationship Code			NOT USED	NOT USED	NOT USED												
2100C	NM111	Entity Identifier Code			NOT USED	NOT USED	NOT USED												
2100C	NM112	Name Last or Organization Name			NOT USED	NOT USED	NOT USED												
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION					SSN will only be returned if 270 SSN matched	SSN will only be returned if 270 SSN matched											
2100C	REF01	Reference Identification Qualifier			Will not be used	Populate with SY SSN	Populate with SY SSN												
2100C	REF02	Reference Identification			Will not be used	Populate with SSN	Populate with SSN												
2100C	REF03	Description			Will not be used	Will not be used	Will not be used												
2100C	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED												
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION					Medicare Claim ID returned when member has Medicare records												
2100C	REF01	Reference Identification Qualifier			Will not be used	Will not be used	Populate with F6 Medicare Claim ID												
2100C	REF02	Reference Identification			Will not be used	Will not be used	Populate with Medicare Claim ID #												
2100C	REF03	Description			Will not be used	Will not be used	Will not be used												
2100C	REF04	REFERENCE IDENTIFIER			NOT USED	NOT USED	NOT USED												
2100C	N3	SUBSCRIBER ADDRESS																	
2100C	N301	Address Information			Will not be used	Populate with member's address line 1	Populate with member's address line 1												
2100C	N302	Address Information			Will not be used	Populate with member's address line 2 (if any)	Populate with member's address line 2 (if any)												
2100C	N4	SUBSCRIBER CITY/STATE/ZIP CODE																	
2100C	N401	City Name			Will not be used	Populate with member's city	Populate with member's city												
2100C	N402	State or Province Code			Will not be used	Populate with member's state	Populate with member's state												
2100C	N403	Postal Code			Will not be used	Populate with member's zip code	Populate with member's zip code												
2100C	N404	Country Code			Will not be used	Will not be used	Will not be used												
2100C	N405	Location Qualifier			NOT USED	NOT USED	NOT USED												
2100C	N406	Location Qualifier			NOT USED	NOT USED	NOT USED												
2100C	N407	Country Subdivision Code			Will not be used	Will not be used	Will not be used												
2100C	AAA	SUBSCRIBER REQUEST VALIDATION																	
2100C	AAA01	Yes/No Condition or Response Code			Use 'N'	Will not be used	Will not be used												
2100C	AAA02	Agency Qualifier Code			NOT USED	NOT USED	NOT USED												

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2100C	AAA03	Reject Reason Code			Use "15" Did not supply minimum search criteria for subscriber. No elig/enroll data is returned. Use "16" Invalid Begin/End date used in request. No elig/enroll data is returned. Use "60" if DOB is after DOS Use "61" if DOD precedes DOS Use "62" if DOG is more than 12 months in past Use "63" if begin DOS is in future or if end DOS is more than 60 days in future Use "72" if multiple matches found or no match on SSN or Medicare Claim ID; AHCCCS ID is different (data will still be returned); Prisoner ID used in search or a subscriber was found and has a Prisoner ID (No data will be returned)	Will not be used	Will not be used												
2100C	AAA04	Follow-up Action Code			Use "C"	Will not be used	Will not be used												
2100C	PRV	PROVIDER INFORMATION	will not be used																
2100C	PRV01	Provider Code			Will not be used	Will not be used	Will not be used												
2100C	PRV02	Reference Identification Qualifier			Will not be used	Will not be used	Will not be used												
2100C	PRV03	Reference Identification			Will not be used	Will not be used	Will not be used												
2100C	PRV04	State or Province Code			NOT USED	NOT USED	NOT USED												
2100C	PRV05	PROVIDER SPECIALTY INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	PRV06	Provider Organization Code			NOT USED	NOT USED	NOT USED												
2100C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION																	
2100C	DMG01	Date Time Period Format Qualifier			Use "D8"	Use "D8"	Use "D8"												
2100C	DMG02	Date Time Period			Use member DOB	Use member DOB	Use member DOB												
2100C	DMG03	Gender Code			Use member Gender	Use member Gender	Use member Gender												
2100C	DMG04	Marital Status Code			NOT USED	NOT USED	NOT USED												
2100C	DMG05	COMPOSITE RACE OR ETHNICITY INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	DMG06	Citizenship Status Code			NOT USED	NOT USED	NOT USED												
2100C	DMG07	Country Code			NOT USED	NOT USED	NOT USED	NOT USED											

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2100C	DMG08	Basis of Verification Code			NOT USED	NOT USED	NOT USED												
2100C	DMG09	Quantity			NOT USED	NOT USED	NOT USED												
2100C	DMG10	Code List Qualifier Code			NOT USED	NOT USED	NOT USED												
2100C	DMG11	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	INS	SUBSCRIBER RELATIONSHIP						Set to "Y" when member's AHCCCS ID differs from 270, else Will not be used.											
2100C	INS01	Yes/ No Condition or Response Code			Will not be used	Will not be used	Use "Y"												
2100C	INS02	Individual Relationship Code			Will not be used	Will not be used	Use "18"												
2100C	INS03	Maintenance Type Code			Will not be used	Will not be used	Use "001"												
2100C	INS04	Maintenance Reason Code			Will not be used	Will not be used	Use "25"												
2100C	INS05	Benefit Status Code			NOT USED	NOT USED	NOT USED												
2100C	INS06	MEDICARE STATUS CODE			NOT USED	NOT USED	NOT USED												
2100C	INS07	Unadjusted Omnibus Budget Reconciliation Act (COBRA) Qualifying			NOT USED	NOT USED	NOT USED												
2100C	INS08	Employment Status Code			NOT USED	NOT USED	NOT USED												
2100C	INS09	Student Status Code			NOT USED	NOT USED	NOT USED												
2100C	INS10	Yes/ No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	INS11	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	INS12	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	INS13	Confidentiality Code			NOT USED	NOT USED	NOT USED												
2100C	INS14	City Name			NOT USED	NOT USED	NOT USED												
2100C	INS15	State or Province Code			NOT USED	NOT USED	NOT USED												
2100C	INS16	Country Code			NOT USED	NOT USED	NOT USED												
2100C	INS17	Number			Will not be used	Will not be used	Will not be used												
2100C	HI	SUBSCRIBER HEALTH CARE DIAGNOSIS CODE	will not be used																
2100C	HI01	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI01 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI01 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI01 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI01 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI02	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI02 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI02 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI02 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI02 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												

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2100C	HI03	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI03 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI03 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI03 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI03 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI04	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI04 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI04 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI04 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI04 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI05	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI05 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI05 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI05 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI05 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI06	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI06 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI06 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI06 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	HI06 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	HI07	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	HI07 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	HI07 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	HI07 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	HI07 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	HI07 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	HI07 - 6	Quantity			NOT USED	NOT USED	NOT USED												

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ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP
2100C	H107 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	H107 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	H107 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	H108	HEALTH CARE CODE INFORMATION			Will not be used	Will not be used	Will not be used												
2100C	H108 - 1	Code List Qualifier Code			Will not be used	Will not be used	Will not be used												
2100C	H108 - 2	Industry Code			Will not be used	Will not be used	Will not be used												
2100C	H108 - 3	Date Time Period Format Qualifier			NOT USED	NOT USED	NOT USED												
2100C	H108 - 4	Date Time Period			NOT USED	NOT USED	NOT USED												
2100C	H108 - 5	Monetary Amount			NOT USED	NOT USED	NOT USED												
2100C	H108 - 6	Quantity			NOT USED	NOT USED	NOT USED												
2100C	H108 - 7	Version Identifier			NOT USED	NOT USED	NOT USED												
2100C	H108 - 8	Industry Code			NOT USED	NOT USED	NOT USED												
2100C	H108 - 9	Yes/No Condition or Response Code			NOT USED	NOT USED	NOT USED												
2100C	H109	HEALTH CARE CODE INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	H110	HEALTH CARE CODE INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	H111	HEALTH CARE CODE INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	H112	HEALTH CARE CODE INFORMATION			NOT USED	NOT USED	NOT USED												
2100C	DTP	SUBSCRIBER DATE																	
2100C	DTP01	Date Time Qualifier			Use '291' Plan Date	Use '291' Plan Date	Use '291' Plan Date												
2100C	DTP02	Date Time Period Format Qualifier			Use "RD8"	Use "RD8"	Use "RD8"												
2100C	DTP03	Date Time Period			Use Service Begin/End date	Use Service Begin/End date	Use Service Begin/End date												
					END RESPONSE FOR SUBSCRIBER ERROR														
2100C	DTP	SUBSCRIBER DATE					1st-occurrence-Date of Death												
2100C	DTP01	Date Time Qualifier			Use "442" Date of Death	Use "442" Date of Death	Use "442" Date of Death												
2100C	DTP02	Date Time Period Format Qualifier			Use "D8"	Use "D8"	Use "D8"												
2100C	DTP03	Date Time Period			Use DOD	Use DOD	Use DOD												
2100C	DTP	SUBSCRIBER DATE			Will not be used	2nd occurrence-Renewal Date													
2100C	DTP01	Date Time Qualifier			Will not be used	Use "771" Status													
2100C	DTP02	Date Time Period Format Qualifier			Will not be used	Use "D8"													
2100C	DTP03	Date Time Period			Will not be used	Use Renewal Date													
2100C	MPI	SUBSCRIBER MILITARY PERSONNEL INFORMATION	Will not be used																
2100C	MPI01	Information Status Code			Will not be used	Will not be used	Will not be used												
2100C	MPI02	Employment Status Code			Will not be used	Will not be used	Will not be used												
2100C	MPI03	Government Service Affiliation Code			Will not be used	Will not be used	Will not be used												
2100C	MPI04	Description			Will not be used	Will not be used	Will not be used												
2100C	MPI05	Military Service Rank Code			Will not be used	Will not be used	Will not be used												
2100C	MPI06	Date Time Period Format Qualifier			Will not be used	Will not be used	Will not be used												
2100C	MPI07	Date Time Period			Will not be used	Will not be used	Will not be used												

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ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZCIP
2110C	EB	SUBSCRIBER ELIGIBILITY/BENEFIT INFORMATION				NOT ELIGIBLE	ELIGIBLE (up to 20x)	ENRL FFS (up to 20x)	ENROLL CAP (up to 20x)	MDC PT D (up to 2x)	MEDICARE HMO	MEDICARE (1x for each type)	TPL (up to 2x)	COPAY	SHARE OF COST	BHS (up to 3x)	CRS	TSC	AZCIP
2110C	EB01	Eligibility or Benefit Information				6-Inactive - Returned when an DTP03 End Date is present and is before the current date	1-Active - Returned when an DTP03 End Date is not present or is on or after the current date	Populate with "1" (Active)	Populate with "3" (Active-Services Capitated)	Populate with "R" (Other or Additional Payer)	Populate with "R" (Other or Additional Payer)	Populate with "D" (Benefit Description)	Populate with "G" (Out of pocket)	Populate with "3" (Active-Services Capitated)	Populate with "3" (Active-Services Capitated)	Populate with "3" (Active-Services Capitated)	Populate with "3" (Active-Services Capitated)	Populate with "3" (Active-Services Capitated)	Populate with "3" (Active-Services Capitated)
2110C	EB02	Coverage Level Code				Will not be used	Populate with "IND" (Individual)	Populate with "IND" (Individual)	Populate with "IND" (Individual)	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"	Populate with "IND"
2110C	EB03	Service Type Code				Will not be used	Will not be used	Populate with the various codes dependent upon the contract type and plan. See new SERVICE CATEGORIES REFERENCE TABLE	Populate with "30" (Health Benefit Plan Coverage) (Providers to contact Health plans for specific benefits)	Populate with "68" (Pharmacy Coverage)	Populate with "30" (Health Benefit Plan Coverage)	Populate with "30" (Health Benefit Plan Coverage)	Will not be used	Will not be used	Populate with "CH" (Mental Health Facility-Outpatient)	Populate with "A9" (Rehabilitation)	Populate with "A9" (Case Management)	Populate with "CQ" (Case Management)	
2110C	EB04	Insurance Type Code				Will not be used	LC-Long Term Care MC-Medicaid HS-Special Low Income Medicare Beneficiary MP-Medicare Primary QM-Qualified Medicare Beneficiary	Populate with "MC" (Medicaid)	Populate with "HM" (Health Maintenance Organization)	Populate with "OT" (Other)	If Medicare Part A populate with "MA" If Medicare Part B populate with "MB"	Populate with "C1" (Commercial)	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	EB05	Plan Coverage Description				Populate with "NO ELIGIBILITY FOUND"	Populate with Eligibility Group Description	Populate with Plan ID and Name	Populate with Plan ID and Name	Populate with MEDICARE Part D'	Populate with MEDICARE HMO	Will not be used	Populate with TPL Coverage Type	Populate with 'COPAY LEVEL'	Will not be used	Populate with BHS Category Description	Populate with "CHILDRENS REHABILITATION SERVICES"	Populate with "DES/DDD TARGETED SUPPORT COORDINATION"	Populate with "AZ EARLY INTERVENTION PROGRAM"
2110C	EB06	Time Period Qualifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB07	Monetary Amount				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Populate with Share of Cost amount	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB08	Percentage as Decimal				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB09	Quantity Qualifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB10	Quantity				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB11	Yes/No Condition or Response Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB12	Yes/No Condition or Response Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 1	Product/Service ID Qualifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 2	Product/Service ID				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 3	Procedure Modifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 4	Procedure Modifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 5	Procedure Modifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 6	Procedure Modifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB13 - 7	Description				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED
2110C	EB13 - 8	Product/Service ID				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used
2110C	EB14	COMPOSITE DIAGNOSIS CODE POINTER																	

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ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEEP	
2110C	EB14 - 1	Diagnosis Code Pointer				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	EB14 - 2	Diagnosis Code Pointer				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	EB14 - 3	Diagnosis Code Pointer				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	EB14 - 4	Diagnosis Code Pointer				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
						END RESPONSE FOR NOT ELIGIBLE														
2110C	HSD	HEALTH CARE SERVICES DELIVERY	Will not be used																	
2110C	HSD01	Quantity Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	HSD02	Quantity						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	HSD03	Unit or Basis for Measurement Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	HSD04	Sample Selection Modulus						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	HSD05	Time Period Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	HSD06	Number of Periods						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	HSD07	Ship/Delivery or Calendar Pattern Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	HSD08	Ship/Delivery Pattern Time Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION							1ST OCCURRENCE-CONTRACT TYPE	1ST OCCURRENCE-CONTRACT TYPE										
2110C	REF01	Reference Identification Qualifier						Will not be used	Populate with "6P"	Populate with "6P"	Will not be used	Will not be used	Populate with "F6" (HIC number)	Populate with "IG" (Policy number)	Populate with "'1L' (Group or Policy Number)	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	REF02	Reference Identification						Will not be used	Populate with Contract Type code. See 4.4.1 RF410 - Contract Type Table	Populate with Contract Type code. See 4.4.1 RF410 - Contract Type Table	Will not be used	Will not be used	Populate with Medicare Claim number	Populate with TPL policy number	Populate with current Copay level and description	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	REF03	Description						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	REF04	REFERENCE IDENTIFIER						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	
2110C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION						2ND OCCURRENCE-ENROLL RATE CODE	2ND OCCURRENCE-ENROLL RATE CODE											
2110C	REF01	Reference Identification Qualifier						Will not be used	Populate with "M7"	Populate with "M7"	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	REF02	Reference Identification						Will not be used	Populate with Rate Code and description	Populate with Rate Code and description	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	REF03	Description						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	
2110C	REF04	REFERENCE IDENTIFIER						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	
2110C	DTP	SUBSCRIBER ELIGIBILITY/ BENEFIT DATE						1ST OCCURRENCE												
2110C	DTP01	Date Time Qualifier						Populate with "307" (Eligibility)	Populate with "291" (Plan)	Populate with "291" (Plan)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)	Populate with "292" (Benefit)		
2110C	DTP02	Date Time Period Format Qualifier						Populate with "RD8" OR "D8"	Populate with "RD8"	Populate with "RD8" or "D8"	Populate with "RD8" or "D8"	Populate with "RD8" or "D8"	Populate with "RD8" or "D8"	Populate with "RD8" or "D8"	Populate with "RD8" or "D8"	Populate with "RD8" or "D8"	Populate with "RD8" or "D8"	Populate with "RD8" or "D8"		
2110C	DTP03	Date Time Period						Populate with Begin-End OR Begin dates of coverage	Populate with begin/end date of coverage	Populate with actual begin/end dates	Populate with Medicare begin/end dates	Populate with TPL begin and end dates	Populate with Copay begin and end dates	Populate with Share of Cost month	Populate with begin and end dates of BHS coverage	Populate with begin and end dates for CRS	Populate with begin and end dates	Populate with begin and end dates		
2110C	DTP	SUBSCRIBER ELIGIBILITY/ BENEFIT DATE						2ND OCCURRENCE									***END CRS LOOP***	***END TSC LOOP***	***END AZEIP LOOP***	
2110C	DTP01	Date Time Qualifier						Populate with "318" (Added)												
2110C	DTP02	Date Time Period Format Qualifier						Populate with "D8"												

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ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZCIP	
2110C	DTP03	Date Time Period				Populate with Date Record Added														
2110C	AAA	SUBSCRIBER REQUEST VALIDATION	Will not be used																	
2110C	AAA01	Yes/No Condition or Response Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2110C	AAA02	Agency Qualifier Code				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED				
2110C	AAA03	Reject Reason Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2110C	AAA04	Follow-up Action code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2110C	MSG	MESSAGE TEXT	Will not be used																	
2110C	MSG01	Free-Form Message Text				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2110C	MSG02	Printer Carriage Control Code				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED				
2110C	MSG03	Number				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED				
						END ELIGIBILITY LOOP, GO TO 2110EB FOR ENROLLMENT														
2115C	III	SUBSCRIBER ELIGIBILITY/BENEFIT ADDITIONAL INFORMATION	Will not be used																	
2115C	III01	Code List Quantifier Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2115C	III02	Industry Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2115C	III03	Code Category				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2115C	III04	Free-Form Message Text				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2115C	III05	Quantity				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2115C	III06	COMPOSITE UNIT OF MEASURE				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED				
2115C	III07	Surface/Layer/Position Code				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED				
2115C	III08	Surface/Layer/Position Code				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED				
2115C	III09	Surface/Layer/Position Code				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED				
2110C	LS	LOOP HEADER																		
2110C	LS01	Loop Identifier Code				Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"	Populate with "2120"				
2120C	NM1	SUBSCRIBER BENEFIT RELATED ENTITY NAME																		
2120C	NM101	Entity Identifier Code				Populate with "PR" (Payer)	Populate with "Y2" (Managed Care Organization)	Populate with "13" (Contracted Service Provider)	Populate with "13" (Contracted Service Provider)	Will not be used	Populate with "2B" (Third Party Admin)	Populate with "PR" (Payer)	Populate with "PR" (Payer)	Populate with "PR" (Payer)	Populate with "13" Contracted Service Provider					
2120C	NM102	Entity Type Qualifier				Populate with "2" (Non Person entity)	Populate with "2" (Non Person entity)	Populate with "2" (Non Person Entity)	Populate with "2" (Non Person Entity)	Will not be used	Populate with "2" (Non Person Entity)	Populate with "2" (Non Person Entity)	Populate with "2" (Non Person Entity)	Populate with "2" (Non Person Entity)	Populate with "2" (Non Person Entity)	Populate with "2" (Non Person Entity)				
2120C	NM103	Name Last or Organization Name				Populate with Plan Name	Populate with Health Plan Name	Populate with FYI Part D Drug Plan ID and Plan name	Populate with Medicare HMO Plan ID and Plan name	Will not be used	Populate with TPL carrier name	Populate with "AHCCCS COPAY"	Populate with "AHCCCS COPAY"	Populate with "AHCCCS COPAY"						
2120C	NM104	Name First				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM105	Name Middle				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM106	Name Prefix				NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	NM107	Name Suffix				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM108	Identification Code Qualifier				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	NM109	Identification Code				Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used			

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ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP	
2120C	NM110	Entity Relationship Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2120C	NM111	Entity Identifier Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	NM112	Name Last or Organization Name						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED			
2120C	N3	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS																		
2120C	N301	Address Information						Populate with HP Contract plan address line 1	Populate with HP Contract plan address line 1	Will not be used	Will not be used	Will not be used	Populate with TPL address or "NO KNOWN ADDRESS"	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	N302	Address Information						Populate with HP Contract plan address line 2	Populate with HP Contract plan address line 2	Will not be used	Will not be used	Will not be used	Populate with TPL address	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	N4	SUBSCRIBER BENEFIT RELATED ENTITY CITY/STATE/ZIP CODE																		
2120C	N401	City Name						Populate with HP Contract plan address city	Populate with HP Contract plan address city	Will not be used	Will not be used	Will not be used	Populate with TPL address or "PHOENIX"	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	N402	State or Province Code						Populate with HP Contract plan address state	Populate with HP Contract plan address state	Will not be used	Will not be used	Will not be used	Populate with TPL address or "AZ"	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	N403	Postal Code						Populate with HP Contract plan address zip code	Populate with HP Contract plan address zip code	Will not be used	Will not be used	Will not be used	Populate with TPL address or "85034"	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	N404	Country Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2120C	N405	Location Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2120C	N406	Location Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2120C	N407	Country Subdivision Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used				
2120C	PER	SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION																		
2120C	PER01	Contact Function Code						Populate with "IC" (Information Contact)	Populate with "IC" (Information Contact)	Will not be used	Will not be used	Will not be used	Populate with "IC" if TPL Phone number present	Populate with "IC"	Populate with "IC"	Populate with "IC"	Will not be used			
2120C	PER02	Name						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Populate with "TE"	Will not be used	Will not be used	Will not be used	Will not be used			
2120C	PER03	Communication Number Qualifier						Populate with "TE"	Populate with "TE"	Will not be used	Will not be used	Will not be used	Populate with TPL phone number	Populate with "UR"	Populate with "UR"	Populate with "UR"	Will not be used			
2120C	PER04	Communication Number						Populate with AHCCCS Customer Service "6024174451"	Populate with HP Contract plan correspondence phone number	Will not be used	Use Copay URL: http://www.azahcccs.gov/commerce/ProviderBilling/copayments.aspx	Use Share of Cost URL: http://www.azahcccs.gov/commerce/ProviderBilling/copayments.aspx	Use Share of Cost URL: http://www.azahcccs.gov/commerce/ProviderBilling/copayments.aspx	Will not be used						
2120C	PER05	Communication Number Qualifier						Populate with "UR" (URL)	Populate with "UR" (URL)	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used						

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2120C	PER06	Communication Number						Use FFS PROVIDER MANUAL URL: http://www.azahccs.gov/commercial/ProviderBilling/manuals/FFSProviderManual.aspx	Use AMPM URL: http://www.azahccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx	Will not be used									
2120C	PER07	Communication Number Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used		
2120C	PER08	Communication Number						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used		
2120C	PER09	Contact Inquiry Reference						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED		
2120C	PRV	SUBSCRIBER BENEFIT RELATED PROVIDER INFORMATION	Will not be used																
2120C	PRV01	Provider Code						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used		
2120C	PRV02	Reference Identification Qualifier						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used		
2120C	PRV03	Reference Identification						Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used	Will not be used		
2120C	PRV04	State or Province Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED		
2120C	PRV05	PROVIDER SPECIALTY INFORMATION						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED		
2120C	PRV06	Provider Organization Code						NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED	NOT USED		
2110C	LE	LOOP TRAILER																	
2120C	LE01	Loop Identifier Code						Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120	Populate with 2120		
2000D	HL	DEPENDENT LEVEL						***DEPENDENT LOOP NOT USED IN 271***										***DEPENDENT LOOP NOT USED IN 271***	
	TRN	DEPENDENT TRACE NUMBER						Will not be used										Will not be used	
	NM1	DEPENDENT NAME						Will not be used										Will not be used	
	REF	DEPENDENT ADDITIONAL IDENTIFICATION						Will not be used										Will not be used	
	N3	DEPENDENT ADDRESS						Will not be used										Will not be used	
	N4	DEPENDENT CITY/STATE/ZIP CODE						Will not be used										Will not be used	
	AAA	DEPENDENT REQUEST VALIDATION						Will not be used										Will not be used	
	PRV	PROVIDER INFORMATION						Will not be used										Will not be used	
	DMG	DEPENDENT DEMOGRAPHIC INFORMATION						Will not be used										Will not be used	
	INS	DEPENDENT RELATIONSHIP						Will not be used										Will not be used	
	HII	DEPENDENT HEALTH CARE DIAGNOSIS CODE						Will not be used										Will not be used	
	DTP	DEPENDENT DATE						Will not be used										Will not be used	
	MPI	DEPENDENT MILITARY						Will not be used										Will not be used	

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ID	Element	Description	INFO SOURCE ERROR	INFO RECEIVER ERROR	SUBSCRIBER ERROR	NOT ELIGIBLE	ELIGIBLE	ENRLL FFS	ENROLL CAP	MEDICARE PART D	MEDICARE HMO	MEDICARE	TPL	COPAY	SHARE OF COST	BHS	CRS	TSC	AZEIP	
		PERSONNEL INFORMATION																		
	EB	DEPENDENT ELIGIBILITY/BENEFIT INFORMATION						Will not be used						Will not be used				Will not be used		
	HSD	HEALTH CARE SERVICES DELIVERY						Will not be used						Will not be used				Will not be used		
	REF	DEPENDENT ADDITIONAL IDENTIFICATION						Will not be used						Will not be used				Will not be used		
	DTP	DEPENDENT ELIGIBILITY/BENEFIT DATE						Will not be used						Will not be used				Will not be used		
	AAA	DEPENDENT REQUEST VALIDATION						Will not be used						Will not be used				Will not be used		
	MSG	MESSAGE TEXT						Will not be used						Will not be used				Will not be used		
	III	DEPENDENT ELIGIBILITY/BENEFIT ADDITIONAL INFORMATION						Will not be used						Will not be used				Will not be used		
	LS	LOOP HEADER						Will not be used						Will not be used				Will not be used		
	NM1	DEPENDENT BENEFIT RELATED ENTITY NAME						Will not be used						Will not be used				Will not be used		
	N3	DEPENDENT BENEFIT RELATED ENTITY ADDRESS						Will not be used						Will not be used				Will not be used		
	PER	DEPENDENT BENEFIT RELATED ENTITY CONTACT INFORMATION						Will not be used						Will not be used				Will not be used		
	PRV	DEPENDENT BENEFIT RELATED PROVIDER INFORMATION						Will not be used						Will not be used				Will not be used		
	LE	LOOP TRAILER						Will not be used						Will not be used				Will not be used		
	SE	TRANSACTION SET TRAILER																		
	SE01	Number of Included Segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments	Populate with total number of segments included in transaction set including ST & SE segments												
	SE02	Transaction Set Control Number	Must be the same as the ST02																	
	GE	FUNCTIONAL GROUP TRAILER																		
	GE01	Number of Transaction Sets Included																		
	GE02	Group Control Number																		
	IEA	INTERCHANGE CONTROL TRAILER																		
	IEA01	Number of Included Functional Groups																		
	IEA02	Interchange Control Number																		

4.1.3 270/271 Examples

4.1.3.1 ELIGIBLE AND ENROLLED IN A CAPITATED PLAN FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897	Identifies the sender and receiver of the 270
{ZZ{AHCCCS866004791{110114{1003{^00501{110420001{0{T{}	
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X2	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
79A1	
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{ {FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{ {XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{ {MI{A99999999	Member Name and AHCCCS ID
REF{SY{123456789	Member SSN
DTP{291{RD8{20100101-20101201	Requested Plan date
EQ{30	
SE{13{32501	
GE{1{32501	
IEA{1{110420001	

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158	Identifies the sender and receiver of the 271
{101014{1215{^00501{914120400{0{T{}}	
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{00	Identifies the transaction and version
5010X279A1	HB=Eligibility, Coverage or Benefit Information (271)
ST{271{00001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{11{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{ {FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCS PROVIDER{ {SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{ {MI{A99999999	Member's name & AHCCCS ID
REF{SY{123456789	Member's SSN (send in request)
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan Date
	ELIG INFO
EB{1{IND{MC{ACUTE	Eligibility type
DTP{307{D8{20090101	Eligibility begin date
DTP{318{D8{20090115	Date record added
	ENROLLMENT INFO
EB{3{IND{30{HM{MERCY CARE PLAN	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/PPC	Enrollment contract type
REF{M7{101BTANF 01-05 M & F NON-ME	Enrollment rate code and description

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DTP{291{RD8{20100101-20100114	Enrollment begin and end dates
LS{2120	
NM1{Y2{MERCY CARE PLAN	Enrollment to a 'Managed Care Organization'
N3{801 E JEFFERSON	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{MERCY CARE PLAN	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/CAP	Enrollment contract type
REF{M7{1118TANF EXPANDED 45-64 M&F	Enrollment rate code and description
DTP{291{D8{20100115	Enrollment begin and end dates
LS{2120	
NM1{Y2{MERCY CARE PLAN	Enrollment to a 'Managed Care Organization'
N3{801 E JEFFERSON	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20100301	Begin date of Part D enrollment
LS{2120	
NM1{13{Z1234567BLUE CROSS VALUE	Part D plan ID and name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
	TPL INFO
EB{R{IND{30{C1{M	TPL coverage type – M=Medical
REF{1G{Z01234567	TPL Policy number
DTP{292{D8{20090301	TPL Begin date
LS{2120	
NM1{2B{2{BLUE CROSS	TPL Carrier
N3{123 S MAIN ST	Carrier address
N4{PHOENIX{AZ{85034	Carrier address
PER{IC{{TE{6025551212	Carrier phone number
LE{2120	
	COPAY DATA
EB{D{IND{{COPAY LEVEL	Identified Copay info
REF{1L{50TMA	Copay level and description
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDER BILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{GENERAL MENTAL HEALTH SERVICES	BHS Category description
DTP{292{D8{20100401	Begin date of BHS segment
LS{2120	
NM1{13{Z079999CENPATICO 2	BHS Site and description
LE{2120	
	CRS DATA

EB{3{IND{A9{{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20100101	Begin date of CRS segment
	TSC DATA
EB{3{IND{CQ{{DES/DDD TARGETED SUPPORT COORDINATION	TSC name
DTP{292{D8{20100601	Begin date of TSC segment
	AZEIP DATA
EB{3{IND{CQ{{AZ EARLY INTERVENTION PROGRAM	AZ EIP name
DTP{292{D8{20100601	Begin date of AZEIP segment
	TRAILER
SE{79{00001 GE{1{123456789 IEA{1{914120400	

DRAFT

4.1.3.2 ELIGIBLE AND ENROLLED IN A FFS PLAN FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897	Identifies the sender and receiver of the 270
{ZZ{AHCCCS866004791{110114{1003{^00501{110420001{0{T{}}	
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X2	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
79A1	
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{20{1	
NM1{PR{2{AHCCCS{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158	HEADER
{101014{1215{^00501{914120400{0{T{}}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{00	Identifies the transaction and version
5010X279A1	
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{1{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{20{1	
NM1{P5{2{AHCCCS{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER	Information source contact information
SUPPORT{EM{EDICustomerSupport@azahcccs.gov	
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCS PROVIDER{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{1{IND{{MC{ACUTE	Eligibility type
DTP{307{D8{20100101	Eligibility begin date
DTP{318{D8{20100115	Date record added
	ENROLLMENT INFO
EB{3{IND{1^2^3^3^5^45^47^82^86^88^93^98^AD^AF^AL^PT^BY^BZ^UC	Enrolled in an FFS segment and identifies the Service Codes covered (not all inclusive)
{MC{AMERICAN INDIAN HEALTH PLAN	
REF{6P{ACU/FFS	Type of FFS coverage
REF{M7{2120TANF 21-44 FEMALE WITH MEDICARE	Enrollment Rate code and description
DTP{291{D8{20100101	Begin Date of FFS coverage
LS{2120	
NM1{PR{2{AMERICAN INDIAN HEALTH PLAN	Name of FFS Plan
N3{801 E JEFFERSON	Address of FFS Plan

N4(PHOENIX{AZ{85034	Address of FFS Plan
PER{IC{{TE{6025551212	Telephone number of FFS plan
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx?ID=contractormanuals	Link to AMPM
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20100301	Begin date of Part D enrollment
LS{2120	
NM1{13{2{Z1234567BLUE CROSS VALUE	Part D plan ID and name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
	TPL INFO
EB{R{IND{30{C1{M	TPL coverage type – M=Medical Information'
REF{1G{134WTKS	TPL Policy ID
DTP{292{D8{20090301	TPL Begin date
LS{2120	
NM1{2B{2{BLUE CROSS	TPL Carrier
N3{123 S MAIN ST	Carrier address
N4(PHOENIX{AZ{85034	Carrier address
PER{IC{{TE{6025551212	Carrier phone number
LE{2120	
	COPAY DATA
EB{D{IND{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDER BILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{GENERAL MENTAL HEALTH SERVICES	BHS Category description
DTP{292{D8{20100401	Begin date of BHS segment
NM1{13{2{079999CENPATICO 2	BHS Site and description
	CRS DATA
EB{3{IND{A9{{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20090101	Begin date of CRS segment
	TSC DATA
EB{3{IND{CQ{{DES/DDD TARGETED SUPPORT COORDINATION	TSC name
DTP{292{D8{20100601	Begin date of TSC segment
	TRAILER
SE{55{00001 GE{1{123456789 IEA{1{914120400	

4.1.3.3 ELIGIBLE AND ENROLLED IN A FFS AND CAPITATED PLAN FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897	Identifies the sender and receiver of the 270
{ZZ{AHCCCS866004791{110114{1003{^00501{110420001{0{T{}	
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{ {FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{ {XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{ {MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158	HEADER
{101014{1215{^00501{914120400{0{T{	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{005010X279A1	Identifies the transaction and version
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{1{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{ {FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCS PROVIDER{ {SV{010158	Information receiver name & ID number. This may be a provider or
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{ {MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{1{IND{{MC{ACUTE	Eligibility type
DTP{307{D8{20100101	Eligibility begin date
DTP{318{D8{20100115	Date record added
	ENROLLMENT INFO
EB{3{IND{1^2^33^35^45^47^82^86^88^93^98^AD^AF^AL^PT^BY^BZ^UC{MC{ AMERICAN INDIAN HEALTH PLAN	Enrolled in an FFS segment and identifies the Service Codes covered (not all inclusive)
REF{6P{ACU/FFS	Type of FFS coverage
REF{M7{2120TANF 21-44 FEMALE WITH MEDICARE	Enrollment Rate code and description
DTP{291{RD8{20100101-20100228	Begin Date of FFS coverage
LS{2120	
NM1{PR{2{AMERICAN INDIAN HEALTH PLAN	Name of FFS Plan
N3{801 E JEFFERSON	Address of FFS Plan
N4{PHOENIX{AZ{85034	Address of FFS Plan
PER{IC{TE{6025551212	Telephone number of FFS plan

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/Medic alPolicyManual.aspx?ID=contractormanuals	Link to AMPM
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{MERCY CARE PLAN	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/PPC	Enrollment contract type
DTP{291{RD8{20100301-20100314	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{MERCY CARE PLAN	Enrollment to a 'Managed Care Organization'
N3{801 E JEFFERSON	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/Medic alPolicyManual.aspx?ID=contractormanuals	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{MERCY CARE PLAN	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/CAP	Enrollment contract type
REF{M7{2120TANF 21-44 FEMALE WITH MEDICARE	Enrollment Rate code and description
DTP{291{D8{20100315	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{MERCY CARE PLAN	Enrollment to a 'Managed Care Organization'
N3{801 E JEFFERSON	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/Medic alPolicyManual.aspx?ID=contractormanuals	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20090301	Begin date of Part D enrollment
LS{2120	
NM1{13{2{Z1234567BLUE CROSS VALUE	Part D plan ID and name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{20090301	Medicare Begin date
	COPAY DATA
EB{D{IND{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDER BILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{GENERAL MENTAL HEALTH SERVICES	BHS Category description
DTP{292{D8{20100401	Begin date of BHS segment
NM1{13{2{079999CENPATICO 2	BHS Site and description
	CRS DATA
EB{3{IND{A9{{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20090101	Begin date of CRS segment
	TRAILER
SE{73{00001 GE{1{123456789 IEA{1{914120400	

4.1.3.4 NOT ELIGIBLE FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^00501{110420001{0{T{}}	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X2 79A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^00501{914120400{0{T{}}	HEADER
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{00 5010X279A1	Identifies the sender and receiver of the 271
ST{271{00001{005010X279A1	Identifies the transaction and version
BHT{0022{11{1{2011014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{6{{{{NO ELIGIBILITY FOUND	No eligibility
	TRAILER
SE{5{00001 GE{1{123456789 IEA{1{914120400	

4.1.3.5 MEMBER NOT FOUND FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897 {ZZ{AHCCCS866004791{110114{1003{^00501{110420001{0{T{}}	Identifies the sender and receiver of the 270
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X2 79A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{20{1	
NM1{PR{2{AHCCCS{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY	Member Name
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158 {101014{1215{^00501{914120400{0{T{}}	HEADER
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{00 5010X279A1	Identifies the sender and receiver of the 271
ST{271{00001{005010X279A1	Identifies the transaction and version
BHT{0022{11{1{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{20{1	
NM1{P5{2{AHCCCS{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCS PROVIDER{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY	Member's name
AAA{N{15{C	Subscriber error – 15 Required Application data missing C-Correct and resubmit
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	TRAILER
SE{5{00001 GE{1{123456789 IEA{1{914120400	

4.1.3.6 QMB MEMBER FOUND FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897	Identifies the sender and receiver of the 270
{ZZ{AHCCCS866004791{110114{1003{^00501{110420001{0{T{}}	
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X2	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
79A1	
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:		HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158	Identifies the sender and receiver of the 271	
{101014{1215{^00501{914120400{0{T{}}		
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{00	Identifies the transaction and version	
5010X279A1		
ST{271{00001{005010X279A1	Identified the beginning of the transaction set	
BHT{0022{11{1{20101014{120500	Marks the start of transaction	
		INFORMATION SOURCE INFO
HL{1{{20{1		
NM1{P5{2{AHCCCS{{{{FI{866004791	Information source name & TIN	
PER{IC{EDI CUSTOMER	Information source contact information	
HL{2{1{21{1		
		INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCS PROVIDER{{{{SV{010158	Information receiver name & ID number. This may be a provider or clearinghouse	
HL{3{2{22{0		
TRN{2{1111{1999456789	Trace number from requester	
		MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID	
N3{701 E JEFFERSON	Member's mailing address	
N4{PHOENIX{AZ{85034	Member's mailing address	
DMG{D8{20080320{F	Member's DOB & gender	
DTP{291{RD8{20100101-20101201	Plan date	
		ELIG INFO
EB{1{IND{{QM{QMB	Eligibility type – QM=Qualified Medicare Beneficiary	
DTP{307{RD8{20080201-20100930	Eligibility date	
DTP{318{D8{20080201	Date record added	
		ENROLLMENT INFO
EB{1{IND{30{MC{AHCCCS QMB-ONLY		
REF{6P{NON/PAY	Type of coverage	
REF{M7{8020QMB ONLY	Enrollment Rate code and description	
DTP{291{RD8{20080201-20100930	Begin Date and End date of Non-pay coverage	
LS{2120		
NM1{PR{2{AHCCCS QMB - ONLY	Name of Non-pay Plan	
N3{801 E JEFFERSON	Address of Non-pay Plan	
N4{PHOENIX{AZ{85034	Address of Non-pay Plan	
PER{IC{{TE{6025551212	Telephone number of Non-pay plan	

PER{IC{{UR{http://www.azahcccs.gov/shared/Downloads/EligibilityManual/AEPM/chapter_0300/302_05medicarecostsharingpackages.htm LE(2120	Link to AMPM
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D DTP{292{RD8{20090101-20100930	Enrolled into a Part D plan for Pharmacy (88) Begin date of Part D enrollment
LS(2120	
NM1{13{2{S5678001HEALTH NE/HEALTH N	Part D plan name
LE(2120	
	MEDICARE INFO
EB{R{IND{30{MA REF{F6{123456789A DTP{292{D8{20090301	MA = Medicare Part A Medicare Claim number Medicare Begin date
EB{R{IND{30{MB REF{F6{123456789A DTP{292{D8{20090301	MB = Medicare Part B Medicare Claim number Medicare Begin date
	COPAY DATA
EB{D{IND{{COPAY LEVEL REF{1L{00NO CO-PAY DTP{292{D8{20101010	Identified Copay info Copay level Copay begin date
LS(2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDER BILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE(2120	
	TRAILER
SE{47{00001 GE{1{123456789 IEA{1{914120400	

4.1.3.7 SLMB MEMBER FOUND FOR REQUEST DATE OF 1/1/10 TO 12/1/10

270 Request:	
ISA{00{ {00{ {ZZ{438897	Identifies the sender and receiver of the 270
{ZZ{AHCCCS866004791{110114{1003{^00501{110420001{0{T{}	
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X2	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
79A1	
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{0	
TRN{1{1111{1999456789	Trace Number
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member Name and AHCCCS ID
DMG{D8{19980320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Requested Plan date

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158	HEADER
{101014{1215{^00501{914120400{0{T{	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{00	Identifies the transaction and version
5010X279A1	
ST{271{00001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{1{20110114{120500	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE INFO
NM1{P5{2{AHCCCS{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov	Information source contact information
HL{2{1{21{1	
NM1{1P{2{AHCCCSPROVIDER{{{{SV{010158	INFORMATION RECEIVER INFO
	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	
TRN{2{1111{1999456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Member's name & AHCCCS ID
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20080320{F	Member's DOB & gender
DTP{291{RD8{20100101-20101201	Plan date
	ELIG INFO
EB{1{IND{(HS{SLMB – Part B premium	Eligibility type – HS=Special Low Income Medicare Beneficiary
DTP{307{D8{20071101	Eligibility date
DTP{318{D8{20071209	Date record added
	ENROLLMENT INFO
EB{1{IND{30{MC{AHCCCS SLMB-PART B BUY-	Enrolled plan
REF{6P{NON/PAY	Type of coverage
REF{M7{8040SLMB ONLY	Enrollment Rate code and description
DTP{291{D8{20071101	Begin Date and End date of Non-pay coverage
LS{2120	
NM1{PR{2{AHCCCS SLMB-PART B BUY-	Name of Non-pay Plan
N3{801 E JEFFERSON	Address of Non-pay Plan

N4(PHOENIX{AZ{85034	Address of Non-pay Plan
PER{IC{{TE{6025551212	Telephone number of Non-pay plan
PER{IC{{UR{http://www.azahcccs.gov/shared/Downloads/EligibilityManual/AEPM/chapter_0300/302_05medicarecostsharingpackages.htm	Link to AMPM
LE{2120	
	PART D INFO
EB(R{IND{88{OT{MEDICARE PART D	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20101101	Begin date of Part D enrollment
LS{2120	
NM1{13{2{H0354012CIGNA HEA/CIGNA	Part D plan name
LE{2120	
	MEDICARE INFO
EB(R{IND{30{MA	MA = Medicare Part A
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{19930701	Medicare Begin date
EB(R{IND{30{MB	MB = Medicare Part B
REF{F6{123456789A	Medicare Claim number
DTP{292{D8{19930701	Medicare Begin date
	TPL INFO
EB(R{IND{30{C1{M	TPL coverage type – M=Medical Information'
REF{IG{MEBB1234	TPL Policy ID
DTP{292{D8{20051201	TPL begin date
LS{2120	
NM1{2B{2{AETNA HEALTHCARE	TPL Carrier
N3{123 S MAIN ST	Carrier address
N4(PHOENIX{AZ{85034	Carrier address
PER{IC{{TE{6025551212	Carrier phone number
LE{2120	
	COPAY DATA
EB{D{IND{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20101010	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTP://WWW.AZAHCCCS.GOV/COMMERCIAL/PROVIDER BILLING/COPAYMENTS.ASPX	Link to Copay info on Website
LE{2120	
	TRAILER
SE{5{00001 GE{1{123456789 IEA{1{914120400	

4.1.3.8 INFORMATION RECEIVER ERROR

271 Response:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158{101014{1215{^00501{914120400{0{T{}}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{00{5010X279A1}	Identifies the transaction and version
ST{271{00001{005010X279A1}	Identified the beginning of the transaction set
BHT{0022{11{{20101014{120500}}	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1}}	
NM1{P5{2{AHCCCS{{{{FI{866004791}}	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICustomerSupport@azahcccs.gov}	Information source contact information
HL{2{1{21{0}}	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{SV{010158}}	Information receiver name & ID number. This may be a provider or clearinghouse
AAA{Y{{51{C}}	Y=Valid Request; 51=Provider Not on File; C=Correct and resubmit
	TRAILER
SE{5{00001	
GE{1{123456789	
IEA{1{914120400}	

4.1.3.9 NEWBORN REQUEST AND RESPONSE FOR DATE 01/01/11 – 04/27/11

270 Request:	
ISA{00{ {00{ {ZZ{438897	Identifies the sender and receiver of the 270
{ZZ{AHCCCS866004791{110114{1003{^00501{110420001{0{T{}}	
GS{HS{438897{AHCCCS866004791{20110114{1003{32501{X{005010X2	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
79A1	
ST{270{32501{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{{20{1	
NM1{PR{2{AHCCCS{{{{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	
NM1{1P{2{AHCCCS TEST{{{{XX{1215961248	Information Receiver and NPI
HL{3{2{22{1	
NM1{IL{1{SMITH{MARY{{{{MI{A99999999	Mother's Name and AHCCCS ID
DMG{D8{19740705{F	Member SSN
DTP{291{RD8{20110101-20110427	Requested Plan date
HL{4{3{23{0	
TRN{1{DEPTRN01{9NEWBNGOOD	
NM1{03{1{SMITH{BABY GIRL	Newborn Name
DMG{D8{20110101{F	Newborn DOB and Gender
EQ/30	
SE{13{32501	
GE{1{32501	
IEA{1{110420001	

271 Response:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{010158	Identifies the sender and receiver of the 271
{101014{1215{^00501{914120400{0{T{}}	
GS{HB{AHCCCS866004791{010158{20101014{120400{123456789{X{00	Identifies the transaction and version HB=Eligibility, Coverage or Benefit Information (271)
5010X279A1	
ST{271{00001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{11{1{20101014{120500	Marks the start of transaction
	INFORMATION SOURCE INFO
HL{1{{20{1	
NM1{P5{2{AHCCCS{{{{FI{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER	Information source contact information
SUPPORT{EM{EDICustomerSupport@azahcccs.gov	
HL{2{1{21{1	
	INFORMATION RECEIVER INFO
NM1{1P{2{AHCCCSPROVIDER{{{{SV{010158	Information receiver name & ID number. This may be a provider or
HL{3{2{22{0	
TRN{2{DEPTRN01{9NEWBNGOOD	Trace number from requester
	MEMBER DATA – Newborn becomes the subscriber
NM1{IL{1{SMITH{BABY GIRL{{{{MI{A11111111	Newborn's Member's name & AHCCCS ID
N3{701 E JEFFERSON	Newborn's mailing address
N4{PHOENIX{AZ{85034	Newborn's mailing address
DMG{D8{20110101{F	Newborn's DOB & gender
DTP{291{RD8{20100101-20110427	Plan Date
	ELIG INFO
EB{1{IND{{MC{ACUTE NEWBORN	Eligibility type
DTP{307{RD8{20110101-20120131	Eligibility begin date
DTP{318{D8{20110103	Date record added
	ENROLLMENT INFO
EB{3{IND{30{HM{010158ARIZONA PHYSICIANS IPA	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/CAP	Enrollment contract type
REF{M7{1011TANF <1 M & F NON-MEDICAR	Enrollment rate code and description
DTP{291{D8{20110103	Enrollment begin and end dates

LS{2120	
NM1{Y2{2{ARIZONA PHYSICIANS IPA	Enrollment to a 'Managed Care Organization'
N3{3141 NORTH 3RD AVE	Plan's address
N4{PHOENIX{AZ{85013	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{TE{8003484058{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{010158{ARIZONA PHYSICIANS IPA	Enrolled HP with info of 'Health Benefit Plan Coverage' (no details)
REF{6P{ACU/NBN	Enrollment contract type
REF{M7{1011TANF <1 M & F NON-MEDICAR	Enrollment rate code and description
DTP{291{RD8{20110101-20110102	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{ARIZONA PHYSICIANS IPA	Enrollment to a 'Managed Care Organization'
N3{3141 NORTH 3RD AVE	Plan's address
N4{PHOENIX{AZ{85013	Plan's address
PER{IC{{TE{6025551212	Plan's telephone number
PER{IC{{TE{8003484058{UR{http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx	Link to the AMPM (AHCCCS Medical Policy Manual)
LE{2120	
	COPAY DATA
EB{B{IND	Identified co-pay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20110103	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{http://www.azahcccs.gov/commercial/ProviderBilling/copayments.aspx	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{CHILDREN SERVICES	BHS Category description
DTP{292{RD8{20110103-20120131	Begin date of BHS segment
LS{2120	
NM1{13{2{07{MAGELLAN HEALTH SERV	BHS Site and description
LE{2120	
	TRAILER
SE{79{00001	
GE{1{123456789	
IEA{1{914120400	

4.2 Payer Specific Business Rules and Limitations

4.2.1 270 Search Criteria

Transaction	Search Type	AHCCCS ID (A*) NM108/09	LName	FName	DOB	ALT ID REF01/02	Source
270 Inbound Eligibility Lookup							<ul style="list-style-type: none"> Allow a requested date to go back as far as 24 month in the past and up to 30 days in the future. 270/271 Errata X279A1 dated 6/2010: Information Source must allow inquiry date ranges that follow their claims filing limitations and for dates in the future to the end of the current month. The begin date must be less than or equal to today, and the end date can be up to 24 months back from today or 30 days forward from today. No CORE requirements for member lookup
Required Search	Primary	✓	✓	✓	✓		TR3 1.4.8.1 ID/Last Name/First Name/DOB
Required Alternate	Alt 1	✓	✓		✓		TR3 1.4.8.2 ID/DOB/Last Name
Required Alternate	Alt 2	✓	✓	✓			TR3 1.4.8.2 ID/Last Name/First Name
Optional	Opt 1		✓	✓	✓		TR3 1.4.8.3 Last Name/First Name/DOB
Optional	Opt 2	✓			✓		TR3 1.4.8.4 ID/DOB
Optional	Opt 3		✓	✓	✓	✓ SSN	<p>TR3 1.4.8.5 SSN=Social Security #; Verified only</p> <ul style="list-style-type: none"> If SSN does not match, will not be returned on response Used when there are multiple records found for Last Name/First Name/DOB search
Optional	Opt 4		✓	✓	✓	✓ MCN	<p>TR3 1.4.8.5 MCN=Medicare ID # (aka HIC)</p> <ul style="list-style-type: none"> Used when there are multiple records found for Last Name/First Name/DOB

4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

4.4.1 RF410 – Contract Type Table

TYPE	CONTRACT CODE	CONTRACT CODE DESCRIPTION
%	CRS/CAP	CHILDREN'S REHAB SERVICES, CAPITATION
@	DES/DD/RI	DES DD REINSURANCE INDICATOR
A	ACU/CAP	ACUTE CAPITATED
B	ACU/CAP/PAR	ACUTE,PARTIALLY CAPITATED
C	ACU/CAP/ACU	ACUTE,CAPITATED ACUTE SVCS ONLY
D	ACU/FFS/ACU	ACUTE,FEE FOR SERVICE ACUTE SVCS ONLY
E	ACU/FFS	ACUTE FEE FOR SERVICE
F	ACU/FFS/EMO	ACUTE,FEE FOR SERVICE EMERGENCY SVCS ONLY
G	ACU/FFS/FPS	ACUTE, FEE FOR SVC, FAMILY PLANNING SVCS
H	ACU/PPC	ACUTE PRIOR PERIOD COVERAGE
I	ACU/PPC/EMO	ACUTE PRIOR PERIOD COVERAGE EMERGENCY SVCS
J	LTC/CAP	LONG TERM CARE,CAPITATED
K	MHS/CAP/ACU	MENTAL HEALTH SERVICES,CAPITATED,ACUTE ONLY
L	LTC/CAP/ACU	LONG TERM CARE CAP ACUTE ONLY
M	LTC/PPC	LONG TERM CARE PRIOR PERIOD COVERAGE
N	ACU/NBN	ACUTE NEWBORN NON-CAPPED
O	LTC/PPC/ACU	LONG TERM CARE PRIOR PERIOD COVERAGE ACUTE
P	LTC/CAP/PAR	LTC,PARTIALLY CAPITATED
Q	ACU/CAP/FPS	ACUTE CAPITATED FPS ONLY
R	LTC/FFS	LONG TERM CARE FEE FOR SERVICE
S	MHS/CAP/DD	MENTAL HEALTH SERVICES,CAPITATED,DD
T	LTC/FFS/ACU	LONG TERM CARE FFS ACUTE ONLY
U	UNDOC/FFS/EM	UNDOCUMENTED ALIENS, FFS, EMERGENCY SVCS ONLY
V	MHS/CAP/KC	MENTAL HEALTH SVCS CAPITATED KIDSCARE
W	ACU/KC/NOPAY	ADHS DIRECT SERVICES KIDSCARE NO PAYMENT
X	ACU/FFS/KC	ACUTE FFS KIDSCARE
Y	ACU/CAP/KC	ACUTE CAPITATED KIDSCARE
Z	MHS/CAP/HIFA	MENTAL HEALTH SERVICES CAPITATED HIFA
1	NO/PMT	NO PAYMENT ALLOWED
2	LTC/VD/CAP/F	LTC VENT DEPENDENT CAPITATED FULL SERVICES
3	LTC/FFS/VD	LONG TERM CARE FFS VD
4	LTC/VD/CAP/A	LTC VENT DEPENDENT CAPITATED ACUTE SERVICES
5	LTC/FFS/VHA	LTC,FFS,VENT.DEPEND.,ACUTE SVCS ONLY
6	MHS/CAP/TMCP	MENTAL HEALTH SERVICES, CAPITATED, TEMP MED
7	MHS/CAP/CMDP	MENTAL HEALTH SERVICES, CAPITATED
8	NON/PAY	NO PAYMENT/MEDICARE CLAIMS ONLY
9	NON/AHC	NON-AHCCCS CLAIMS PROCESSING ONLY

5. TI Change Summary

#	Location & Section	Revision
0.3	Page 5 - 3.1 270 Instruction Table	<ul style="list-style-type: none">Corrected 1st box to clarify that "DJ - Dept of Juvenile corrections" is excluded.
0.3	Page 6 - 3.1 2100D/INS Segment	<ul style="list-style-type: none">Changed note to "Segment not used by AHCCCS".Deleted elements 2100D/INS02 & INS17 from this table (since segment is not used).
0.3	Page 10 - 4.1.1 270 Transaction Notes	<ul style="list-style-type: none">Clean up table
0.3	Page 21 - 4.1.1 270 Transaction Notes 2100D/INS Segment	<ul style="list-style-type: none">Changed note to "Segment not used by AHCCCS".Changed elements INS01 & INS02 note to "not to be used".
0.3	Page 39 – 4.1.2 271 Transaction Notes	<ul style="list-style-type: none">2000D Dependent Level – deleted all elements within these segments – segments/elements will not be used

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
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SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
Interchange Control Header	R	1									The Data Element Separator is byte number 4 of this line. The suggested character for ADHS/BHS transactions is the asterisk ("*").			
					Authorization Information Qualifier	R	ISA01	ID	2	2	"00"			
					Authorization Information	R	ISA02	AN	10	10	" "			
					Security Information Qualifier	R	ISA03	ID	2	2	"00"			
					Security Information	R	ISA04	AN	10	10	" "			
					Interchange ID Qualifier	R	ISA05	ID	2	2	"ZZ"			
					Interchange Sender ID	R	ISA06	AN	15	15	For AHCCCS = "AHCCCS866004791" For RBHA 02 = "CENPATICO-2 " For RBHA 07 = "MAGELLAN " For (T)RBHA 11 = "GILA RIVER " For (T)RBHA 14 = "NAVAJO NATION " For RBHA 15 = "NARBAH " For RBHA 22 = "CENPATICO-4 " For (T)RBHA 25 = "PASCUA YAQUI " For RBHA 26 = "CPSCA-5 " For RBHA 27 = "CPSCA-3 " For (T)RBHA 28 = "WH-MT-APACHE "			
					Interchange ID Qualifier	R	ISA07	ID	2	2	"ZZ"			
					Interchange Receiver ID	R	ISA08	AN	15	15	"ADHS/BHS"			
					Interchange Date	R	ISA09	DT	6	6	Format YYMMDD			
					Interchange Time	R	ISA10	TM	4	4	Format HHMM			
					Interchange Control Standards ID	R	ISA11	ID	1	1	"U"			
					Interchange Control Version Number	R	ISA12	ID	5	5	"00501"			
					Interchange Control Number	R	ISA13	NO	9	9	Must be identical to the associated Interchange Trailer IEA02			
					Acknowledgement Requested	R	ISA14	ID	1	1	"1"			
					Usage Indicator	R	ISA15	ID	1	1	"P", for Production "T", for Test			
					Component Element Separator	R	ISA16		1	1	"~"			
											The Segment Terminator Delimiter is the character that immediately follows the component element separator (ISA16). The suggested delimiter for ADHS/BHS transactions is the tilde ("~").			
Functional Group Header	R	1												
					Functional Identifier Code	R	GS01	ID	2	2	"BE"			
					Application Sender's Code	R	GS02	AN	2	15	For AHCCCS = "AHCCCS866004791" For RBHA 02 = "CENPATICO-2 " For RBHA 07 = "MAGELLAN " For (T)RBHA 11 = "GILA RIVER " For (T)RBHA 14 = "NAVAJO NATION " For RBHA 15 = "NARBAH " For RBHA 22 = "CENPATICO-4 " For (T)RBHA 25 = "PASCUA YAQUI " For RBHA 26 = "CPSCA-5 " For RBHA 27 = "CPSCA-3 " For (T)RBHA 28 = "WH-MT-APACHE "	rbha_description	h74_834inbound_load	varchar2(15)
					Application Receiver's Code	R	GS03	AN	2	15	"ADHS/BHS"			
					Group Creation Date	R	GS04	DT	8	8	Format CCYYMMDD			
					Group Creation Time	R	GS05	TM	4	8	Format HHMMSS			
					Group Control Number	R	GS06	NO	1	9	Number originated and maintained by the AHCCCS/RBHA			
					Responsible Agency Code	R	GS07	ID	1	2	"X"			
					Version / Release / Industry Identifier code	R	GS08	AN	1	12	"005010X220"			
Header														
ST	R													
Transaction Set Header					Transaction Set Identifier Code	R	ST01	ID	3	3	"834" (Benefit Enrollment and Maintenance)			
					Transaction Set Control Number	R	ST02	AN	4	9	Must match the number in SE02 at the end of the transaction			
					Implementation Convention Reference	R	ST03	AN	1	35	"005010X220"			
BGN Beginning Segment	R				Transaction Set Purpose Code	R	BGN01	ID	2	2	"00" (Original Transmission)			

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
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SEGMENT NAME	R/S	Seg. Repeat	Loop	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Transaction Set Identifier Code	R	BGN02	AN	1	30	This number is the same number that is in data element ST02			
					Transaction Set Creation Date	R	BGN03	DT	8	8	Transaction Set Create Date - CCYYMMDD			
					Transaction Set Creation Time	R	BGN04	TM	4	8	Transaction Set Create Time - Time expressed in HHMM format. This is the time at which the 834 Transaction is created.			
					Time Zone Code	S	BGN05	ID	2	2	"MS" (Mountain Standard Time)			
					Action Code	R	BGN08	ID	1	2	"2" (Change (Update) - Daily File) Used to identify a transaction of additions, terminations and changes to the current enrollment. "4" (Verify - AHCCCS Monthly File) Transactions contain snapshots of all active health plan members. AHCCCS generates both kinds of transactions.	file_type	h74_834inbound_load	varchar2(01)
REF Transaction Set Policy Number	S													
					Reference Identification Qualifier	R	REF01	ID	2	3	"38" (Master Policy Number)	master_policy_number_qual	h74_834inbound_load	varchar2(02)
					Master Policy Number	R	REF02	AN	1	30	Six-digit AHCCCS Health Plan ID	master_policy_number	h74_834inbound_load	varchar2(06)
DTP File Effective Date	S													
					Date/Time Qualifier	R	DTP01	ID	3	3	"303" (Maintenance Effective)			
					Date Time Period Format Qualifier	R	DTP02	ID	2	3	"DB" (Date Expressed in Format CCYYMMDD)			
					Date Time Period	R	DTP03	AN	1	35	File Effective Date			
QTY Transaction Set Control Totals	S													
					Quantity Qualifier	R	QTY01	ID	2	2	"TO" (Total)			
					Quantity	R	QTY02	R	1	15	Record Totals			
Sponsor Name			1000A	1										
N1 Sponsor Name	R													
					Entity Identifier Code	R	N101	ID	2	3	"P5" (Plan Sponsor)			
					Plan Sponsor Name	S	N102	AN	1	60	For AHCCCS = "AHCCCS" (Payer Name) For RBHA's = "Behavioral Health Services"			
					Identification code Qualifier	R	N103	ID	1	2	"FI" (Federal Tax Id Number)			
					Sponsor Identifier	R	N104	AN	2	80	"866004791" (AHCCCS Federal Tax ID Number)			
Payer			1000B	1										
N1 Payer	R													
					Entity Identifier Code	R	N101	ID	2	3	"IN" (Insurer)			
					Insurer Name	S	N102	AN	1	60	"<RBHA Name> * ATTESTED xxx xxx CFO" Where <RBHA Name> is the name of the RBHA as it is been currently sent and the text to the right of the asterisk is an example of an abbreviated attestation message, where xxx xxx is the name of the person certifying the file. This message must be compliant with BBA specifications			
					Identification code Qualifier	R	N103	ID	1	2	"FI" (Federal Tax Id Number)			
					Insurer Identification Code	R	N104	AN	2	80	For AHCCCS = HP TAX ID For RBHA's = RBHA's Federal Taxpayer's ID			
Member Level Detail			2000	>1										
INS Member Level Detail	R													
					Insured Indicator	R	INS01	ID	1	1	"Y" (Subscriber) - By definition, all AHCCCS members are subscribers.			
					Individual Relationship Code	R	INS02	ID	2	2	"18" (Self)			
					Maintenance Type Code	R	INS03	ID	3	3	The Maintenance Type Code in the 2000 Loop is at the member level. The element reappears at the coverage level in the 2300 Loop. When BGN08 = "2" (Daily File) "001" (Change) "021" (Addition) "024" (Termination) When BGN08 = 4 (AHCCCS Monthly File) "030" (Audit/Compare)	maintenance_type_code	h74_834inbound_load	varchar2(03)

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Maintenance Reason Code	S	INS04	ID	2	3	When BGN08 = "2" (Daily File) & INS03 = "001" (Change) "22" (Plan Change) "25" (Change in Identifying Element) "29" (Benefit Selection) "33" (Personnel Data) "43" (Change of Location) "A1" (No Reason Given). When BGN08 = "2" (Daily File) & INS03 = "021" (Addition) "02" (Birth) "28" (Initial Enrollment) "41" (Re-enrollment). When BGN08 = "2" (Daily File) & INS03 = "024" (Termination) "03" (Death) "07" (Termination of Benefits) "14" (Voluntary Withdrawal) "22" (Plan Change) "AH" (Patient Moved) When BGN08 = "4" (AHCCCS Monthly File) & INS03 = "030" (Audit/Compare) "XN" (Notification Only - used with 030 maintenance type code)	maintenance_reason_code	h74_834inbound_load	varchar2(03)
					Benefit Status Code	R	INS05	ID	1	1	"A" (Active) "A" (Medicare Part A) "B" (Medicare Part B) "C" (Medicare Part A & B) "E" (No Medicare)	benefit_status_code	h74_834inbound_load	varchar2(01)
					Medicare Plan Code	S	INS06	ID	1	1		medicare_plan_code	h74_834inbound_load	varchar2(01)
					Employment Status Code	S	INS08	ID	2	2	"AC" (Active) "FT" (Full time active employee) "TE" (Terminated)	employment_status_code	h74_834inbound_load	varchar2(02)
					Date Time Period Format Qualifier	S	INS11	ID	2	3	"D8" - Date expressed in CCYYMMDD format. Only populated if date of death is present for the member on the PMMIS database. Date of death is only populated on daily files on adds or terminations.			
					Insured Individual Death Date	S	INS12	AN	1	35	This field is only populated on daily files on adds or terminations.	date_of_death	h74_834inbound_load h74bhs_client / type 1	varchar2(08)
REF Subscriber Identifier	R													
					Reference Identification Qualifier	R	REF01	ID	2	3	"0F" (Subscriber Number) AHCCCS Recipient ID (AHCCCS file)	subscriber_number_qual	h74_834inbound_load	varchar2(02)
					Reference Identification	R	REF02	AN	1	30	RBHA Client ID (RBHA file)	ahcccs_id	h74_834inbound_load	varchar2(10)
REF Member Policy Number	S													
					Reference Identification Qualifier	R	REF01	ID	2	3	"1L" (Group or Policy Number)	policy_number_qual	h74_834inbound_load	varchar2(02)
					Reference Identification	R	REF02	AN	1	30	"NO DATA"	policy_number	h74_834inbound_load	varchar2(30)
REF Member Supplemental Identifier	S													
					Reference Identification Qualifier	R	REF01	ID	2	3	"17" (Client Reporting Category)	voucher_number_qual	h74_834inbound_load	varchar2(02)
					Reference Identification	R	REF02	AN	1	30	Client Reporting Category (Voucher Number)	voucher_number	h74_834inbound_load	varchar2(30)
					Reference Identification Qualifier	R	REF01	ID	2	3	"23" (Client Number)	client_id_qual	h74_834inbound_load	varchar2(02)
					Reference Identification	R	REF02	AN	1	30	Client Number	client_id	h74_834inbound_load	varchar2(30)
					Reference Identification Qualifier	R	REF01	ID	2	3	"3H" (Case Number)	case_number_qual	h74_834inbound_load	varchar2(02)
					Reference Identification	R	REF02	AN	1	30	Case Number	case_number	h74_834inbound_load	varchar2(30)
					Reference Identification Qualifier	R	REF01	ID	2	3	"60" (Cross Reference Number)	ahcccs_id_qual	h74_834inbound_load	varchar2(02)
					Reference Identification	R	REF02	AN	1	30	AHCCCS Recipient ID (RBHA file)	ahcccs_id	h74_834inbound_load	varchar2(30)
					Reference Identification Qualifier	R	REF01	ID	2	3	"Q4" (Prior Identifier Number)	prior_ahcccs_id_qual	h74_834inbound_load	varchar2(02)
					Reference Identification	R	REF02	AN	1	30	Primary AHCCCS ID (AHCCCS file)	prior_ahcccs_id	h74_834inbound_load	varchar2(30)
DTP Member Level Dates	S													
					Date/Time Qualifier	R	DTP01	ID	3	3	"356" (Enrollment Begin Date) - For daily adds (new enrollments) and monthly 834's	enr_begin_date_qual	h74_834inbound_load	varchar2(03)
					Date Time Period Format Qualifier	R	DTP02	ID	2	3	"D8" (CCYYMMDD)			
					Date Time Period	R	DTP03	AN	1	35	Enrollment Begin Date	enr_begin_date	h74_834inbound_load h74enrollment / type 2	varchar2(08)

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Date/Time Qualifier	R	DTP01	ID	3	3	"357" (Enrollment End Date) - For terminations (disenrollments)	enr_end_date_qual	h74_834inbound_load	varchar2(03)
					Date Time Period Format Qualifier	R	DTP02	ID	2	3	"DB" (CCYYMMDD)			
					Date Time Period	R	DTP03	AN	1	35	Enrollment End Date	enr_end_date	h74_834inbound_load h74enrollment / type 2	varchar2(08)
					Date/Time Qualifier	R	DTP01	ID	3	3	"303" (Maintenance Effective Date) - For block in / block out situations	maintenance_date_qual	h74_834inbound_load	varchar2(03)
					Date Time Period Format Qualifier	R	DTP02	ID	2	3	"DB" (CCYYMMDD)			
					Date Time Period	R	DTP03	AN	1	35	Maintenance Effective Date	maintenance_date	h74_834inbound_load	varchar2(08)
Member Name					2100A 1									
NM1	R													
Member Name														
					Entity Identifier Code	R	NM101	ID	2	3	"74" (Corrected Insured) - used if a member's name is being changed. "IL" (Insured/Subscriber) - Used when enrolling a new member, updating member data with no change in identifying information, or updating only Date or Birth and/or Gender but not Name.	member_identifier_code	h74_834inbound_load	varchar2(02)
					Entity Type Qualifier	R	NM102	ID	1	1	"1"			
					Name Last	R	NM103	AN	1	35	Subscriber Last Name	last_name	h74_834inbound_load h74bhs_client / type 1	varchar2(35)
					Name First	R	NM104	AN	1	25	Subscriber First Name	first_name	h74_834inbound_load h74bhs_client / type 1	varchar2(25)
					Name Middle	S	NM105	AN	1	25	Subscriber Middle Name	middle_name	h74_834inbound_load h74bhs_client / type 1	varchar2(25)
PER	S													
Member Communications Numbers	S													
					Contact Function Code	R	PER01	ID	2	2	"IP" (Insured Person) - Only populated when a home telephone number is available for the member.			
					Communication Number Qualifier	R	PER03	ID	2	2	"HP" (Home Phone Number) -Only populated when a home telephone number is available for the member.			
					Communication Number	R	PER04	AN	1	80	Home Telephone Number	home_phone_number	h74_834inbound_load h74bhs_client / type 1	varchar2(30)
					Communication Number Qualifier	S	PER05	ID	2	2	"TE" (Emergency Telephone)			
					Communication Number	S	PER06	AN	1	80	Emergency Telephone Number	emergency_phone_number	h74_834inbound_load h74bhs_client / type 1	varchar2(30)
N3	S													
Member Residence Street Address	S													
					Address Information	R	N301	AN	1	55	Address Line 1	address_line1	h74_834inbound_load h74bhs_client / type 1	varchar2(55)
					Address Information	S	N302	AN	1	55	Address Line 2	address_line2	h74_834inbound_load h74bhs_client / type 1	varchar2(55)
N4	S													
Member Residence City, State, ZIP Code	S													
					City Name	R	N401	AN	2	30	City	city	h74_834inbound_load h74bhs_client / type 1	varchar2(30)
					State or Province Code	R	N402	ID	2	2	State	state	h74_834inbound_load h74bhs_client / type 1	varchar2(02)
					Postal Code	R	N403	ID	3	15	Zip	zip_code	h74_834inbound_load h74bhs_client / type 1	varchar2(15)
					Location Qualifier	S	N405	ID	1	2	"CY" (County)			
					Location Identifier	S	N406	AN	1	30	AHCCCS County Code	ahcccs_county_code	h74_834inbound_load h74bhs_client / type 1	varchar2(2)
DMG	S													
Member Demographics	S													
					Date Time Period format Qualifier	R	DMG01	ID	2	3	"DB" (CCYYMMDD)			
					Date Time Period	R	DMG02	AN	1	35	Date of Birth	date_of_birth	h74_834inbound_load h74bhs_client / type 1	varchar2(08)
					Gender Code	R	DMG03	ID	1	1	"F" (Female) "M" (Male)	gender	h74_834inbound_load h74bhs_client / type 1	varchar2(01)

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Marital Status Code	S	DMG04	ID	1	1	"B" (Registered Domestic Partner) "D" (Divorced) "I" (Single) "M" (Married) "R" (Unreported) "S" (Separated) "U" (Unmarried Single or Divorced or Widowed) "W" (Widowed) "X" (Legally Separated)	marital_status_code	h74_834inbound_load h74bhs_client / type 1	varchar2(01)
					Race or Ethnicity Code	S	DMG05	ID	1	1	"7" (Not Provided) "8" (Not Applicable) "A" (Asian or Pacific Islander) "B" (Black) "C" (Caucasian) "D" (Subcontinent Asian American) "E" (Other Race or Ethnicity) "F" (Asian Pacific American) "G" (Native American) "H" (Hispanic) "I" (American Indian or Alaskan Native) "J" (Native Hawaiian) "N" (Black (Non-Hispanic)) "O" (White (Non-Hispanic)) "P" (Pacific Islander) "Z" (Mutually Defined)	ethnicity_code	h74_834inbound_load h74bhs_client / type 1	varchar2(01)
LUI Member Language	S													
Member Language	S	5	2100A	1	Identifier Code Qualifier	S	LUI01	ID	1	2	"LE" (ISO 639 Language Codes) - AHCCCS uses the LUI Segment for the primary language spoken in the member's household.			
					Identification Code	S	LUI02	AN	2	80	"ALB" (Albanian), "AMH" (Amharic), "ARA" (Arabic), "ARM" (Armenian), "CAI" (Central American Indian), "CHI" (Chinese, includes Cantonese & Mandarin), "CRP" (Creoles & Pidgins (other), includes Haitian), "ENG" (English), "FRE" (French), "GER" (German), "GRE" (Greek), "HIN" (Hindi), "HMN" (Hmong), "HUN" (Hungarian), "ITA" (Italian), "JPN" (Japanese), "KHM" (Khmer), "KOR" (Korean), "LAO" (Lao), "MIS" (Miscellaneous Languages, includes Indian (India)), "MKH" (Mon-Khmer (Other)), "NAV" (Navajo), "NAI" (North American Indian (Other), includes Hopi), "PER" (Persian, includes Farsi), "PHL" (Philippine (Other)), "POL" (Polish), "POR" (Portuguese), "RUS" (Russian), "SAI" (South American Indian (Other)), "SCC" (Serbian), "SCR" (Croatian), "SGN" (Sign Languages, includes ASL), "SOM" (Somali), "SPA" (Spanish), "TGL" (Tagalog), "UND" (Undetermined, includes Other), "VIE" (Vietnamese), "YID" (Yiddish)	language_code	h74_834inbound_load h74bhs_client / type 1	varchar2(03)
					Use of Language Indicator	S	LUI04	ID	1	2	"6" (Language Writing)			
Incorrect Member Name Sent on Name change actions only. Not used on monthly file.			2100B	1										
NM1 Incorrect Member Name	S													

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Entity Identifier Code	R	NM101	ID	2	3	"70" (Prior Incorrect Insured) - Use this code if correcting identifying or demographic information on a member enrolled. If only demographic information is being corrected, NM101 in Loop 2100A will be IL and the name information in NM103, NM104, NM105 will be identical in loop 2100A and this loop. The 2100B Loop is used when the member's name or demographic data (Date of Birth and Gender) are being changed.			
					Entity Type Qualifier	R	NM102	ID	1	1	"1" (Person)			
					Prior Incorrect Insured Last Name	R	NM103	AN	1	35	Prior Incorrect Last Name. Incorrect information that is being changed. Present when NM101 in Loop 2100A is 74.	incorrect_last_name	h74_834inbound_load	varchar2(35)
					Prior Incorrect Insured First Name	R	NM104	AN	1	25	Prior Incorrect First Name. Incorrect information that is being changed. Present when NM101 in Loop 2100A is 74.	incorrect_first_name	h74_834inbound_load	varchar2(25)
					Prior Incorrect Insured Middle Name	S	NM105	AN	1	25	Prior Incorrect Middle Name. Incorrect information that is being changed. Present when NM101 in Loop 2100A is 74.	incorrect_middle_name	h74_834inbound_load	varchar2(25)
DMG Incorrect Member Demographics Used when Action code <> NC (Name change); not used on monthly	S													
					Date Time Period Format Qualifier	R	DMG01	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Prior Incorrect Insured Birth Date	R	DMG02	AN	1	35	Prior Incorrect Date of Birth	incorrect_date_of_birth	h74_834inbound_load	varchar2(08)
					Prior Incorrect Insured Gender Code	R	DMG03	ID	1	1	Prior Incorrect Gender	incorrect_gender	h74_834inbound_load	varchar2(01)
					Prior Incorrect Marital Status Code	R	DMG04	ID	1	1	Prior Incorrect Marital Status	incorrect_marital_status	h74_834inbound_load	varchar2(01)
					Prior Incorrect Race or Ethnicity Code	R	DMG05	AN	10	1	Prior Incorrect Race or Ethnicity	incorrect_ethnicity	h74_834inbound_load	varchar2(01)
Member Mailing Address Only present if different from Residential Address		2100C	1											
NM1 Member Mailing Address	S				Entity Identifier Code	R	NM101	ID	2	3	"31" (Postal Mailing Address)			
					Entity Type Qualifier	R	NM102	ID	1	1	"1" (Person)			
N3 Member Mail Street Address	S				Subscriber Address Line	R	N301	AN	1	55	First line of member's mailing street address	mailing_address_line1	h74_834inbound_load h74bhs_client / type 1	varchar2(55)
					Subscriber Address Line	S	N302	AN	1	55	Second line of member's mailing street address, if present	mailing_address_line2	h74_834inbound_load h74bhs_client / type 1	varchar2(55)
N4 Member Mail City, State, Zip	S				Subscriber City Name	R	N401	AN	2	30	Member's mailing city	mailing_city	h74_834inbound_load h74bhs_client / type 1	varchar2(30)
					Subscriber State Code	R	N402	ID	2	2	Member's mailing state	mailing_state	h74_834inbound_load h74bhs_client / type 1	varchar2(02)
					Subscriber Postal Zone or ZIP Code	R	N403	ID	3	15	Member's mailing zip code (9 digit when available).	mailing_zip_code	h74_834inbound_load h74bhs_client / type 1	varchar2(15)
Responsible Person Mother's information on Newborn Adds only (when INS04='02' Birth)		2100G	13											
NM1 Responsible Person	S				Entity Identifier Code	R	NM101	ID	2	3	"S1" (Parent)			
					Entity Type Qualifier	R	NM102	ID	1	1	"1" (Person)			
					Name Last or Organization Name	R	NM103	AN	1	60	MOM LAST NAME	resp_person_last_name	h74_834inbound_load h74bhs_client / type 1	varchar2(35)
					Name First	S	NM104	AN	1	35	MOM FIRST NAME	resp_person_first_name	h74_834inbound_load h74bhs_client / type 1	varchar2(35)
					Name Middle	S	NM105	AN	1	25	MOM MIDDLE INITIAL	resp_person_middle_name	h74_834inbound_load h74bhs_client / type 1	varchar2(25)
					Identification Code Qualifier	S	NM108	ID	1	2	"ZZ" (Mutually Defined)			

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	Loop	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Identification Code	S	NM109	AN	2	80	MOM-ID (9) + MOM-CASE-ID (9)	resp_person_id	h74_834inbound_load h74bhs_client / type 1	varchar2(18)
N3 Responsible Person Street Address	S													
					Address Information	R	N301	AN	1	55	MOM ADDRESS 1	resp_person_address_line1	h74_834inbound_load h74bhs_client / type 1	varchar2(55)
					Address Information	S	N302	AN	1	55	MOM ADDRESS 2	resp_person_address_line2	h74_834inbound_load h74bhs_client / type 1	varchar2(55)
N4 Responsible Person City, State, Zip	R													
					City Name	R	N401	AN	2	30	MOM CITY	resp_person_city	h74_834inbound_load h74bhs_client / type 1	varchar2(30)
					State or Province Code	S	N402	ID	2	2	MOM STATE	resp_person_state	h74_834inbound_load h74bhs_client / type 1	varchar2(02)
					Postal Code	S	N403	ID	3	15	MOM ZIP CODE	resp_person_zip_code	h74_834inbound_load h74bhs_client / type 1	varchar2(15)
Health Coverage HMO Loop		2300	99											
HD Health Coverage	S													
					Maintenance Type Code	R	HD01	ID	3	3	Used on Daily 834s "001" (Change) - Change in an existing coverage for a health plan member "021" (Addition) - Addition of a new coverage for a new or existing health plan member Used on AHCCCS Monthly 834s "030" (Audit/Compare) - Use one of these values to describe the type of update in the 2300 Health Coverage Loop only. The entire loop is repeated for each type of coverage indicated by an Insurance Line Code (HD03).	hc_maintenance_type_code	h74_834inbound_load h74health_coverage / type 4	varchar2(03)
					Insurance Line Code	R	HD03	ID	2	3	"HMO" (Health Maintenance Organization) The HMO 2300 Loop is always present on Monthly 834s and is present on Daily 834s when new health plan enrollments are added or enrollment data is changed.	hc_insurance_line_code	h74_834inbound_load	varchar2(03)
DTP Health Coverage Dates	R													
					Date/Time Qualifier	R	DTP01	ID	3	3	"348" (Health Coverage Benefit Begin) "349" (Health Coverage Benefit End)	hc_date_qual	h74_834inbound_load	varchar2(03)
					Date Time Period Format Qualifier	R	DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period	R	DTP03	AN	1	35	The coverage period associated with this premium payment. Population of this element differs for each Insurance Line Code (HD03).	hc_begin_date hc_end_date	h74_834inbound_load h74health_coverage / type 4	varchar2(08)
AMT Health Coverage Policy	S													
					Amount Qualifier Code	R	AMT01	ID	1	3				
					Contract Amount	R	AMT02	R	1	18				
REF Health Coverage Policy Number	S													
					Reference Identification Qualifier	R	REF01	ID	2	3	"CE" (Class of Contract Code)	hc_contract_type_qual	h74_834inbound_load	varchar2(03)
					Insured Group or Policy Number	R	REF02	AN	1	30	Contract Type - Appears only in "HMO" 2300 Loops.	hc_contract_type hc_health_plan_id	h74_834inbound_load h74health_coverage / type 4	varchar2(01) varchar2(30)
Coordination of Benefits		2320	5											
COB Coordination of Benefits	S													
					Payer Responsibility Sequence Number Code	R	COB01	ID	1	1				
					Reference Identification	S	COB02	AN	1	30				
					Coordination of Benefits Code	R	COB03	ID	1	1				
REF Additional Coordination of Benefits Identifiers	S													
					Reference Identification Qualifier	R	REF01	ID	2	3				
					Insured Group or Policy Number	R	REF02	AN	1	30				

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
DTP Coordination of Benefits Eligibility Dates	S													
					Date Time Qualifier	R	DTP01	ID	3	3				
					Date Time Period Format Qualifier	R	DTP02	ID	2	3				
					Date Time Period	R	DTP03	AN	1	35				
Coordination of Benefits Related Entity		2330	3											
NM1 Coordination of Benefits Related Entity	S				Entity Identifier Code		NM101	ID	2	3				
					Entity Type Qualifier		NM102	ID	1	1				
					Name Last or Organization Name		NM103	AN	1	60				
N3 Coordination of Benefits Related Entity Address	S				Address Information		N301	AN	1	55				
					Address Information		N302	AN	1	55				
N4 Coordination of Benefits Other Insurance Company City, State, ZIP Code	R				City Name		N401	AN	2	30				
					State or Province Code		N402	ID	2	2				
					Postal Code		N403	ID	3	15				
PER Administrative Communications Contact	S				Contact Function Code		PER01	ID	2	2				
					Communication Number Qualifier		PER03	ID	2	2				
					Communication Number		PER04	AN	1	256				
Health Coverage SOC Loop		2300	99											
HD Health Coverage	S				Maintenance Type Code	R	HD01	ID	3	3	Used on Daily 834s "001" (Change) - Change in an existing coverage for a health plan member "021" (Addition) - Addition of a new coverage for a new or existing health plan member Used on Monthly 834s "030" (Audit/Compare) - Use one of these values to describe the type of update in the 2300 Health Coverage Loop only. The entire loop is repeated for each type of coverage indicated by an Insurance Line Code (HD03).	ltc_maintenance_type_code (can occur 6 times - _1, _2, _3, _4, _5, _6)	h74_834inbound_load h74enr_ltc_soc / type 10	varchar2(03)
					Insurance Line Code	R	HD03	ID	2	3	"LTC" (Long-Term Care) The LTC Share of Cost Loops occurs up to six times on Monthly 834s for the six most recent Share of Cost months	ltc_insurance_line_code (can occur 6 times - _1, _2, _3, _4, _5, _6)	h74_834inbound_load h74enr_ltc_soc / type 10	varchar2(03)
DTP Health Coverage Dates	R				Date/Time Qualifier	R	DTP01	ID	3	3	"348" (Health Coverage Benefit Begin)			
					Date Time Period Format Qualifier	R	DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period	R	DTP03	AN	1	35	The coverage period associated with this premium payment. Population of this element differs for each Insurance Line Code (HD03).	ltc_begin_date (can occur 6 times - _1, _2, _3, _4, _5, _6)	h74_834inbound_load h74enr_ltc_soc / type 10	varchar2(08)
AMT Health Coverage Policy	S				Amount Qualifier Code	R	AMT01	ID	1	3	"C1" (Co-Payment Amount) - This AMT Segment is used only on "LTC" Share of Cost Loops. It appears for each SOC month.			
					Contract Amount	R	AMT02	R	1	18	The monthly Share of Cost Amount on "LTC" Loops.	ltc_monetary_amt (can occur 6 times - _1, _2, _3, _4, _5, _6)	h74_834inbound_load h74enr_ltc_soc / type 10	varchar2(18)
REF Health Coverage Policy Number	S													

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	Loop	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Reference Identification Qualifier	R	REF01	ID	2	3				
					Insured Group or Policy Number	R	REF02	AN	1	30				
Coordination of Benefits			2320	5										
COB Coordination of Benefits	S				Payer Responsibility Sequence Number Code	R	COB01	ID	1	1				
					Reference Identification	S	COB02	AN	1	30				
					Coordination of Benefits Code	R	COB03	ID	1	1				
REF Additional Coordination of Benefits Identifiers	S				Reference Identification Qualifier	R	REF01	ID	2	3				
					Insured Group or Policy Number	R	REF02	AN	1	30				
DTP Coordination of Benefits Eligibility Dates	S				Date Time Qualifier	R	DTP01	ID	3	3				
					Date Time Period Format Qualifier	R	DTP02	ID	2	3				
					Date Time Period	R	DTP03	AN	1	35				
Coordination of Benefits Related Entity			2330	3										
NM1 Coordination of Benefits Related Entity	S				Entity Identifier Code		NM101	ID	2	3				
					Entity Type Qualifier		NM102	ID	1	1				
					Name Last or Organization Name		NM103	AN	1	60				
N3 Coordination of Benefits Related Entity Address	S				Address Information		N301	AN	1	55				
					Address Information		N302	AN	1	55				
N4 Coordination of Benefits Other Insurance Company City, State, ZIP Code	R				City Name		N401	AN	2	30				
					State or Province Code		N402	ID	2	2				
					Postal Code		N403	ID	3	15				
PER Administrative Communications Contact	S				Contact Function Code		PER01	ID	2	2				
					Communication Number Qualifier		PER03	ID	2	2				
					Communication Number		PER04	AN	1	256				
Health Coverage Placeholder Loop			2300	99										
HD Health Coverage	S				Maintenance Type Code	R	HD01	ID	3	3	Used on Daily 834s "001" (Change) - Change in an existing coverage for a health plan member	tpl_maintenance_type_code (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(03)
					Insurance Line Code	R	HD03	ID	2	3	"MM" (Major Medical)	tpl_insurance_line_code (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(03)
DTP Health Coverage Dates	R				Date/Time Qualifier	R	DTP01	ID	3	3	"348" (Health Coverage Benefit Begin)			
					Date Time Period Format Qualifier	R	DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period	R	DTP03	AN	1	35	BEGIN DATE	tpl_process_date (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(08)
AMT Health Coverage Policy	S				Amount Qualifier Code	R	AMT01	ID	1	3				

**HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
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SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Contract Amount	R	AMT02	R	1	18				
REF Health Coverage Policy Number	S				Reference Identification Qualifier	R	REF01	ID	2	3				
					Insured Group or Policy Number	R	REF02	AN	1	30				
Coordination of Benefits		2320	5											
COB Coordination of Benefits	S				Payer Responsibility Sequence Number Code	R	COB01	ID	1	1	"U" (Unknown)	tpl_payer_resp_seq_code (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(01)
					Reference Identification	S	COB02	AN	1	30	TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER	tpl_ins_type tpl_policy_id (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(30)
					Coordination of Benefits Code	R	COB03	ID	1	1	"5" (Unknown)	tpl_cob_code (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(01)
REF Additional Coordination of Benefits Identifiers	S				Reference Identification Qualifier	R	REF01	ID	2	3	"6P" (Group Number)			
					Insured Group or Policy Number	R	REF02	AN	1	30	INS-GRP-NUM or PART D DRUG PLAN ID NUMBER Not used for Medicare Part A or B	tpl_seq_nbr tpl_ins_grp_nbr (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(30)
DTP Coordination of Benefits Eligibility Dates	S				Date Time Qualifier	R	DTP01	ID	3	3	"344" (Coordination of Benefits Begin Date) "345" (Coordination of Benefits End Date)			
					Date Time Period Format Qualifier	R	DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period	R	DTP03	AN	1	35	Begin Date (344) End Date (345)	tpl_begin_date tpl_end_date (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(08)
Coordination of Benefits Related Entity		2330	3											
NM1 Coordination of Benefits Related Entity	S				Entity Identifier Code	NM101	ID	2	3	"IN" (Insurer)				
					Entity Type Qualifier	NM102	ID	1	1	"2" (Non-Person Entity)				
					Name Last or Organization Name	NM103	AN	1	60	MASTER CARRIER ID + CARRIER NAME	tpl_master_carrier_id tpl_carrier_name (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(60)	
N3 Coordination of Benefits Related Entity Address	S				Address Information	N301	AN	1	55	RELATED ENTITY ADDRESS1 or "No Address Known" (Medicare Part A/B)	tpl_address_line1 (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(55)	
					Address Information	N302	AN	1	55	RELATED ENTITY ADDRESS2	tpl_address_line2 (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(55)	
N4 Coordination of Benefits Other Insurance Company City, State, ZIP Code	R				City Name	N401	AN	2	30	RELATED ENTITY CITY or "No City"	tpl_city (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(30)	
					State or Province Code	N402	ID	2	2	RELATED ENTITY STATE or "AZ"	tpl_state (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(02)	

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Postal Code		N403	ID	3	15	RELATED ENTITY ZIP or "85034"	tpl_zip_code (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(15)
PER Administrative Communications Contact	S				Contact Function Code		PER01	ID	2	2	"CN" (General Contact)			varchar2(02)
					Communication Number Qualifier		PER03	ID	2	2	"TE" (Telephone)			varchar2(02)
					Communication Number		PER04	AN	1	256	RELATED ENTITY TELEPHONE	tpl_phone_number (can occur 5 times - _1, _2, _3, _4, _5)	h74_834inbound_load h74enr_tpl / type 5	varchar2(60)
Additional Reporting Categories														
Action Code - Add, Disenrollment, Address Change, CoPay Change, DOB Change, Name Change, Soc Change, MU		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S				Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"Action Code"			
REF Reporting Category Reference	S				Reference Identification Qualifier		REF01	ID	2	3	"ZZ" (Mutually Defined)			
					Reference Identification		REF02	AN	1	50	ACTION CODE	action_code	h74_834inbound_load	varchar2(50)
DTP Reporting Category Date	S				Date/Time Qualifier		DTP01	ID	3	3				
					Date Time Period Format Qualifier		DTP02	ID	2	3				
					Date Time Period		DTP03	AN	1	35				
LE Additional reporting Categories Loop Termination	S				Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories														
Rate Code - Add, Rate Code Change, Monthly from AHCCCS		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S				Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"Rate Code"			
REF Reporting Category Reference	S				Reference Identification Qualifier		REF01	ID	2	3	"9V" (Payment Category)	rate_code_qual	h74_834inbound_load h74rate_code / type 6	varchar2(02)
					Reference Identification		REF02	AN	1	50	RATE CODE	rate_code	h74_834inbound_load h74rate_code / type 6	varchar2(04)
DTP Reporting Category Date	S				Date/Time Qualifier		DTP01	ID	3	3	"007" (Effective)			
					Date Time Period Format Qualifier		DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period		DTP03	AN	1	35	Begin Date	rate_code_begin_date	h74_834inbound_load h74rate_code / type 6	varchar2(08)

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
LE Additional reporting Categories Loop Termination	S													
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories Prior Plan - Add & Disenrollment		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S													
					Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S													
					Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"Prior Plan" ADD - Use Prior Plan only when last member enrollment was within 90 days and with a different plan. "New Plan" DISENROLL - Use New Plan only when member is enrolled in a different plan the day after the term date.			
REF Reporting Category Reference	S													
					Reference Identification Qualifier		REF01	ID	2	3	"18" (Plan Number)	prior_plan_qual	h74_834inbound_load h74prior_plan / type 8	varchar2(02)
					Reference Identification		REF02	AN	1	50	PRIOR PLAN ID (6) + PRIOR PLAN NAME (25) NEW PLAN ID (6) + NEW PLAN NAME (25)	prior_plan_id + prior_plan_name new_plan_id + new_plan_name	h74_834inbound_load h74prior_plan / type 8	varchar2(50)
DTP Reporting Category Date	S													
					Date/Time Qualifier		DTP01	ID	3	3				
					Date Time Period Format Qualifier		DTP02	ID	2	3				
					Date Time Period		DTP03	AN	1	35				
LE Additional reporting Categories Loop Termination	S													
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories Co-Pay Level - Add, Co-Pay Change, Monthly from AHCCCS		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S													
					Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S													
					Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"Co-Pay Level"			
REF Reporting Category Reference	S													
					Reference Identification Qualifier		REF01	ID	2	3	"9X" (Account Category)	copay_level_qual	h74_834inbound_load	varchar2(03)
					Reference Identification		REF02	AN	1	50	CO-PAY LEVEL NUMBER	copay_level	h74_834inbound_load h74copay / type 7	varchar2(02)
DTP Reporting Category Date	S													
					Date/Time Qualifier		DTP01	ID	3	3	"007" (Effective)			
					Date Time Period Format Qualifier		DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period		DTP03	AN	1	35	Co-Pay Effective Begin Date	copay_eff_begin_date	h74_834inbound_load h74copay / type 7	varchar2(08)

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
LE Additional reporting Categories Loop Termination	S													
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories MH Category - Add, MH Change or Term, Monthly from AHCCCS		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S				Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"BHS"			
REF Reporting Category Reference	S				Reference Identification Qualifier		REF01	ID	2	3	"XX1" (Special Program Code)			
					Reference Identification		REF02	AN	1	50	MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)	mh_category mh_provider_id mh_provider_name	h74_834inbound_load h74mental_health_cat / type 3	varchar2(50)
DTP Reporting Category Date	S				Date/Time Qualifier		DTP01	ID	3	3	"007" (Effective)			
					Date Time Period Format Qualifier		DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD) "RD8" (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)			
					Date Time Period		DTP03	AN	1	35	ADD = Begin Date or Begin Date through End Date CHANGE = Begin Date or Begin Date through End Date TERM = End Date	mh_begin_date mh_end_date	h74_834inbound_load h74mental_health_cat / type 3	varchar2(08)
LE Additional reporting Categories Loop Termination	S				Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories NICU - Add, NICU Change, Monthly from AHCCCS		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S				Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"NICU"			
REF Reporting Category Reference	S				Reference Identification Qualifier		REF01	ID	2	3	"XX1" (Special Program Code)			
					Reference Identification		REF02	AN	1	50	NI	nicu_ind	h74_834inbound_load h74bhs_client / type 1	varchar2(02)
DTP Reporting Category Date	S				Date/Time Qualifier		DTP01	ID	3	3				
					Date Time Period Format Qualifier		DTP02	ID	2	3				
					Date Time Period		DTP03	AN	1	35				

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
LE Additional reporting Categories Loop Termination	S													
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories PG Indicator - Add, Pregnancy Change, Monthly from AHCCCS		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S													
					Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S													
					Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"Pregnancy"			
REF Reporting Category Reference	S													
					Reference Identification Qualifier		REF01	ID	2	3	"XX1" (Special Program Code)			
					Reference Identification		REF02	AN	1	50	PG	pregnancy_ind	h74_834inbound_load h74bhs_client / type 1	varchar2(02)
DTP Reporting Category Date	S													
					Date/Time Qualifier		DTP01	ID	3	3	"007" (Effective)			
					Date Time Period Format Qualifier		DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period		DTP03	AN	1	35	EXPECTED DELIVERY DATE	expected_delivery_date	h74_834inbound_load h74bhs_client / type 1	varchar2(08)
LE Additional reporting Categories Loop Termination	S													
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories LTC - For Long Term Care recipients only. Add & Monthly from AHCCCS		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S													
					Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S													
					Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"LTC"			
REF Reporting Category Reference	S													
					Reference Identification Qualifier		REF01	ID	2	3	"XX1" (Special Program Code)			
					Reference Identification		REF02	AN	1	50	NURSING HOME ID (6) + NURSING HOME NAME (25) or CASE WORKER ID (6) + CASE WORKER NAME (25)	ltc_home_case_wrkr_id ltc_home_case_wrkr_name	h74_834inbound_load h74enr_ltc / type 9	varchar2(50)
DTP Reporting Category Date	S													
					Date/Time Qualifier		DTP01	ID	3	3				
					Date Time Period Format Qualifier		DTP02	ID	2	3				
					Date Time Period		DTP03	AN	1	35				
LE Additional reporting Categories Loop Termination	S													

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
DRAFT

SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories LTC Transition Indicator For LTC recipients only.			2700	1										
Member Reporting Categories LX			2710	>1										
Member Reporting Categories	S				Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Reporting Category			2750	1							Assigned Number	LX01	N0	1 6
N1	S										Incrementing number			
Reporting Category					Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"Transition Indicator"			
REF	S													
Reporting Category Reference					Reference Identification Qualifier		REF01	ID	2	3	"XX1" (Special Program Code)			
					Reference Identification		REF02	AN	1	50	Y	ltc_transition_ind	h74_834inbound_load h74enr_ltc / type 9	varchar2(01)
DTP	S				Date/Time Qualifier		DTP01	ID	3	3				
Reporting Category Date					Date Time Period Format Qualifier		DTP02	ID	2	3				
					Date Time Period		DTP03	AN	1	35				
LE	S													
Additional reporting Categories Loop Termination			2700	1	Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories LTC Placement			2700	1										
Member Reporting Categories			2710	>1							Loop Identifier Code	LS01	AN	1 4
Member Reporting Categories	S										"2700" (indicates that the next segment begins a loop)			
Reporting Category			2750	1							Assigned Number	LX01	N0	1 6
N1	S										Incrementing number			
Reporting Category					Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"LTC Placement"			
REF	S													
Reporting Category Reference					Reference Identification Qualifier		REF01	ID	2	3	"LU"			
					Reference Identification		REF02	AN	1	50	PLACEMENT CODE	ltc_placement_code	h74_834inbound_load h74enr_ltc / type 9	varchar2(50)
DTP	S				Date/Time Qualifier		DTP01	ID	3	3	"007" (Effective)			
Reporting Category Date					Date Time Period Format Qualifier		DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period		DTP03	AN	1	35	PLACEMENT BEGIN & END DATE	ltc_placement_begin_date ltc_placement_end_date	h74_834inbound_load h74enr_ltc / type 9	varchar2(08)
LE	S													
Additional reporting Categories Loop Termination			2700	1	Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories LTC Residence			2700	1										
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
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SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
Member Reporting Categories			2710	>1										
LX	S				Assigned Number		LX01	NO	1	6	Incrementing number			
Member Reporting Categories														
Reporting Category			2750	1										
N1	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
Reporting Category					Name		N102	AN	1	60	"LTC Residence"			
REF	S				Reference Identification Qualifier		REF01	ID	2	3	"LU"			
Reporting Category Reference					Reference Identification		REF02	AN	1	50	RESIDENCE CODE	ltc_residence_code	h74_834inbound_load h74enr_ltc / type 9	varchar2(50)
DTP	S				Date/Time Qualifier		DTP01	ID	3	3	"007" (Effective)			
Reporting Category Date					Date Time Period Format Qualifier		DTP02	ID	2	3	"D8" (Date Expressed in Format CCYYMMDD)			
					Date Time Period		DTP03	AN	1	35	RESIDENCE BEGIN & END DATE	ltc_residence_begin_date ltc_residence_end_date	h74_834inbound_load h74enr_ltc / type 9	varchar2(08)
LE	S				Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional reporting Categories Loop Termination														
AZEIP - Daily First of Month from AHCCCS			2700	1										
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories			2710	>1										
LX	S				Assigned Number		LX01	NO	1	6	Incrementing number			
Member Reporting Categories														
Reporting Category			2750	1										
N1	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
Reporting Category					Name		N102	AN	1	60	"AZEIP"			
REF	S				Reference Identification Qualifier		REF01	ID	2	3	"PID" (Program Identification Number)	azeip_pid	h74_834inbound_load	varchar2(03)
Reporting Category Reference					Reference Identification		REF02	AN	1	50	AZEIP CLIENT ID	azeip_client_id	h74_834inbound_load	varchar2(50)
DTP	S				Date/Time Qualifier		DTP01	ID	3	3				
Reporting Category Date					Date Time Period Format Qualifier		DTP02	ID	2	3				
					Date Time Period		DTP03	AN	1	35				
LE	S				Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional reporting Categories Loop Termination														
CRS - Daily First of Month from AHCCCS			2700	1										
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories			2710	>1										
LX	S				Assigned Number		LX01	NO	1	6	Incrementing number			
Member Reporting Categories														
Reporting Category			2750	1										
N1	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
Reporting Category														

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
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SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
REF Reporting Category Reference	S				Name		N102	AN	1	60	"CRS"			
					Reference Identification Qualifier		REF01	ID	2	3	"PID" (Program Identification Number)	crs_pid	h74_834inbound_load	varchar2(03)
					Reference Identification		REF02	AN	1	50	CRS CLIENT ID	crs_client_id	h74_834inbound_load	varchar2(50)
DTP Reporting Category Date	S				Date/Time Qualifier		DTP01	ID	3	3				
					Date Time Period Format Qualifier		DTP02	ID	2	3				
					Date Time Period		DTP03	AN	1	35				
LE Additional reporting Categories Loop Termination	S													
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories MEDICARE HMO - Daily First of Month from AHCCCS		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S													
					Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"Medicare HMO"			
REF Reporting Category Reference	S				Reference Identification Qualifier		REF01	ID	2	3	"PID" (Program Identification Number)	medicare_hmo_pid	h74_834inbound_load	varchar2(03)
					Reference Identification		REF02	AN	1	50	PLAN ID (5) + PLAN NAME (40)	medicare_hmo_plan_id	h74_834inbound_load	varchar2(50)
DTP Reporting Category Date	S				Date/Time Qualifier		DTP01	ID	3	3				
					Date Time Period Format Qualifier		DTP02	ID	2	3				
					Date Time Period		DTP03	AN	1	35				
LE Additional reporting Categories Loop Termination	S													
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Additional Reporting Categories TSC - Daily First of Month from AHCCCS		2700	1											
					Loop Identifier Code		LS01	AN	1	4	"2700" (indicates that the next segment begins a loop)			
Member Reporting Categories		2710	>1											
LX Member Reporting Categories	S													
					Assigned Number		LX01	NO	1	6	Incrementing number			
Reporting Category		2750	1											
N1 Reporting Category	S				Entity Identifier Code		N101	ID	2	3	"75" (Participant)			
					Name		N102	AN	1	60	"TSC"			
REF Reporting Category Reference	S				Reference Identification Qualifier		REF01	ID	2	3	"PID" (Program Identification Number)	tsc_pid	h74_834inbound_load	varchar2(03)
					Reference Identification		REF02	AN	1	50	TSC CLIENT ID	tsc_client_id	h74_834inbound_load	varchar2(50)
DTP Reporting Category Date	S				Date/Time Qualifier		DTP01	ID	3	3				
					Date Time Period Format Qualifier		DTP02	ID	2	3				

HIPAA 834 TRANSACTION - Coming From AHCCCS and RBHA's
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SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	ORACLE COLUMN NAME	ORACLE TABLE / RECORD TYPE	COLUMN SIZE
LE Additional reporting Categories Loop Termination	S				Date Time Period		DTP03	AN	1	35				
					Loop Identifier Code		LE01	AN	1	4	"2700" (indicates that the loop immediately preceding this segment is complete)			
Trailer														
Transaction Set Trailer	R	1			Number of Included Segments	R	SE01	NO	1	10	Transaction segment Count			
					Transaction Set Control Number	R	SE02	AN	4	9	Identical to ST02			
Functional Group Trailer	R	1			Number of Transaction Sets included	R	GE01	NO	1	6	Number of transaction sets included in the Functional Group			
					Group Control Number	R	GE02	NO	1	9	Must Identical to the GS06 data element in its associated Functional Group Header			
Interchange Control Trailer	R	1			Authorization Information Qualifier	R	IEA01	NO	1	5	Count of Functional Groups (GS/GE blocks) included in File			
					Authorization Information	R	IEA02	NO	9	9	Control Number assigned by RBHA			

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< MC = BHS Add or Change

< Effective date of new BHS record (Begin date)

CHANGE – BHS RECORD INACTIVATION AND ADD

INACTIVATION OF RECORD FROM 01/01/2011 THROUGH 05/31/2011 AND
ADDITION OF TWO NEW RECORDS FROM 01/01/2011 THROUGH 04/15/2011
AND 04/16/2011 THROUGH 05/31/2011

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< Effective dates of new BHS record (Begin and End dates)

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NEW ENROLLMENT

FYI FILE BEFORE UPDATE

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TYPE ID	BEGIN DATE	END S CHG RB ACTV T RSN HA C IND CIS ID	DATE ADDED	LAST DATE	MOD USR

FYI FILE AFTER UPDATE

TR: RP216 ACT: I NTR: _____	AHCCCS - RECIPIENT INQUIRE BHS/FYI DATA	USER-ID: 999 99/99/99 99:99:99 RP04L016			
A99999999 TEST SAMPLE M		SEX M DOB 10/01/1982 DOD			
TYPE ID	BEGIN DATE	END S CHG RB ACTV T RSN HA C IND CIS ID	DATE ADDED	LAST DATE	MOD USR
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AUDIT FILE

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834 FILE

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TERMINATION ENROLLMENT

FYI FILE BEFORE UPDATE

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NTR: _____	INQUIRE BHS/FYI DATA	99:99:99																																						
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A99999999 TEST SAMPLE M		SEX M DOB 10/01/1982 DOD																																						
<table border="0"> <thead> <tr> <th>TYPE</th> <th>BEGIN</th> <th>END</th> <th>S CHG</th> <th>RB</th> <th>ACTV</th> <th>DATE</th> <th>LAST</th> <th>MOD</th> </tr> <tr> <th>ID</th> <th>DATE</th> <th>DATE</th> <th>T RSN</th> <th>HA C</th> <th>IND CIS</th> <th>ID</th> <th>ADDED</th> <th>DATE</th> <th>USR</th> </tr> </thead> <tbody> <tr> <td>079999</td> <td>08/10/11</td> <td></td> <td>A</td> <td>07</td> <td>G N</td> <td>08/10/11</td> <td>08/10/11</td> <td>BT*</td> </tr> <tr> <td>079999</td> <td>07/01/11</td> <td>08/09/11</td> <td>A</td> <td>07</td> <td>G N</td> <td>08/10/11</td> <td>08/10/11</td> <td>BT*</td> </tr> </tbody> </table>				TYPE	BEGIN	END	S CHG	RB	ACTV	DATE	LAST	MOD	ID	DATE	DATE	T RSN	HA C	IND CIS	ID	ADDED	DATE	USR	079999	08/10/11		A	07	G N	08/10/11	08/10/11	BT*	079999	07/01/11	08/09/11	A	07	G N	08/10/11	08/10/11	BT*
TYPE	BEGIN	END	S CHG	RB	ACTV	DATE	LAST	MOD																																
ID	DATE	DATE	T RSN	HA C	IND CIS	ID	ADDED	DATE	USR																															
079999	08/10/11		A	07	G N	08/10/11	08/10/11	BT*																																
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FYI FILE AFTER UPDATE

TR: RP216 ACT: I	AHCCCS - RECIPIENT	USER-ID: 999	99/99/99																																					
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RP04L016																																								
A99999999 TEST SAMPLE M		SEX M DOB 10/01/1982 DOD																																						
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ID	DATE	DATE	T RSN	HA C	IND CIS	ID	ADDED	DATE	USR																															
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AUDIT FILE

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AUDIT FILE

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TERMINATION OF BHS ONLY

FYI FILE AFTER UPDATE

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<table border="0"><thead><tr><th>TYPE ID</th><th>BEGIN DATE</th><th>END DATE</th><th>S CHG T RSN</th><th>RB HA C</th><th>ACTV IND CIS</th><th>DATE ADDED</th><th>LAST DATE</th><th>MOD USR</th></tr></thead></table>				TYPE ID	BEGIN DATE	END DATE	S CHG T RSN	RB HA C	ACTV IND CIS	DATE ADDED	LAST DATE	MOD USR
TYPE ID	BEGIN DATE	END DATE	S CHG T RSN	RB HA C	ACTV IND CIS	DATE ADDED	LAST DATE	MOD USR				
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AUDIT FILE

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ADDITION OF BHS ONLY

FYI FILE AFTER UPDATE

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CHANGE TO ACTIVE STATUS AFTER BEGIN DATE OF FYI RECORD

FYI FILE BEFORE UPDATE

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		RP04L016																																															
A12345678 TEST SAMPLE M		SEX M DOB 10/01/1982 DOD																																															
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TYPE	BEGIN	END	S CHG	RB	ACTV	DATE	LAST	MOD																																									
ID	DATE	DATE	T RSN	HA C	IND CIS	ID	ADDED	DATE	USR																																								
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079999	04/23/01	05/31/06	A DX	08 S	N 9999999999	05/28/01	05/29/06	BT*																																									
079999	01/16/00	04/22/01	A DT	08 G	N 9999999999	09/24/03	05/28/01	BT*																																									

BHS CHANGE FILE

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FYI FILE AFTER UPDATE

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NTR: _____	INQUIRE BHS/FYI DATA	99:99:99																																																								
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A12345678 TEST SAMPLE M		SEX M DOB 10/01/1982 DOD																																																								
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FYI FILE BEFORE UPDATE

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FYI FILE AFTER UPDATE

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FYI FILE BEFORE UPDATE

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FYI FILE AFTER UPDATE

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FYI FILE AFTER UPDATE

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AUDIT FILE

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CHANGE TO BHS BEFORE BEGIN DATE OF CURRENT FYI RECORD

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AUDIT FILE

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ADD NEW BHS BEFORE BEGIN DATE OF CURRENT FYI RECORD

FYI FILE BEFORE UPDATE

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BHS CHANGE FILE

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FYI FILE AFTER UPDATE

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